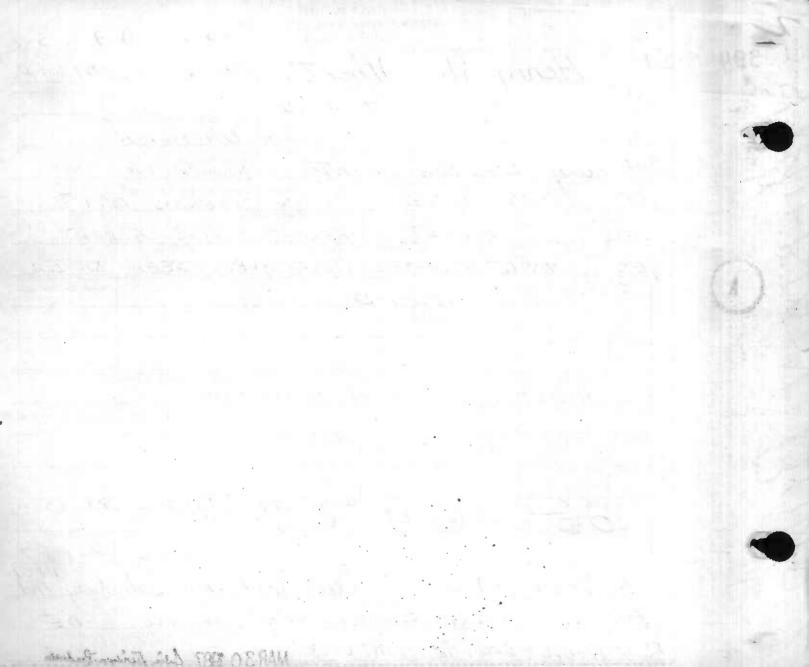
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS 6 AGE LIN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED DIVORCED X WIDOWED 126. KIND OF BUSINESS OR INDUSTRY MANUFACTURING 13e. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE TUN A FATHER'S NAME IS MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 sural area 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO YES [NO [DIVISION OF VIT 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS PM 10 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE AT WORK 22a.1 certify that (1) Whis hospital) attended the deceased from (my) (our) opinian death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (MPE OR PRINT) **ADDRESS** 0 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION COUNTY ELLETVOALE DHMH - 16 60M 7/B4 (VRA 15, 4)



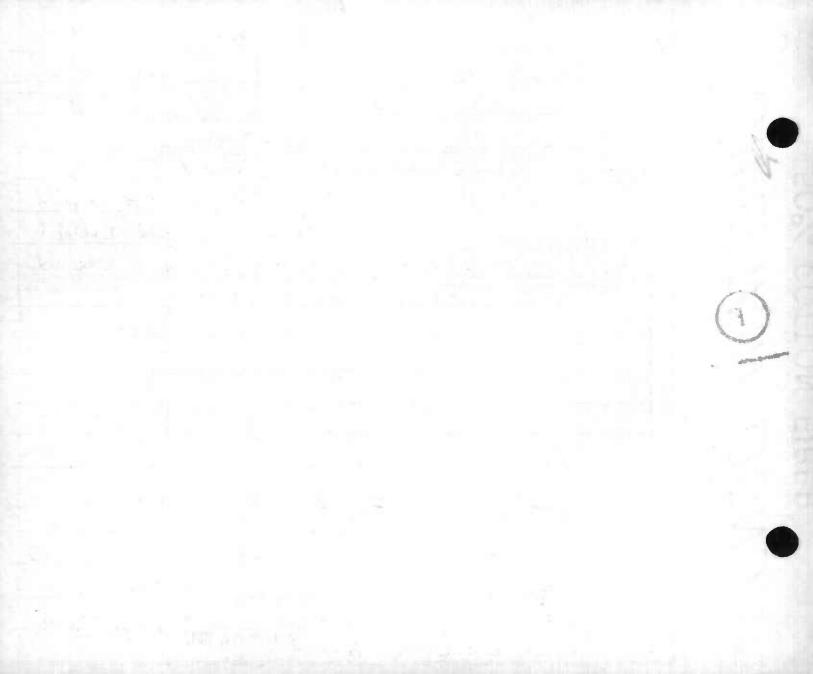
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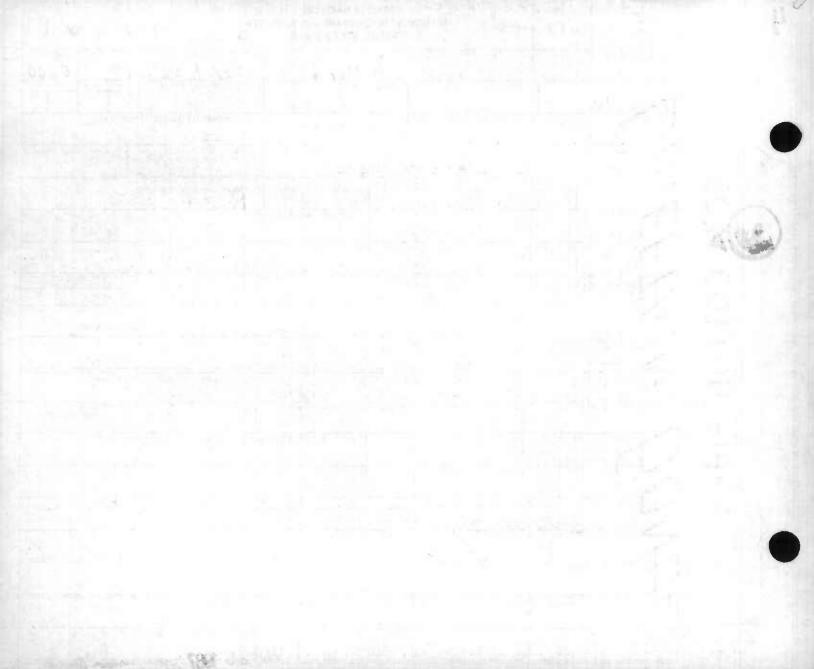
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 353 GR 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) WICO MICO WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ISBURY 13a. STATE 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS V ZIP CODE RUITIANA YES NO 15. MOTHER'S MAIDEN NAM 14 FATHER'S NAME MIDDLE **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c).) PART I. DEATH WAS CAUSED BY Reoschembre Candiouseglan DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PAIT THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOP INCERTIFYING CAUSES OF DEATH? NOIZ YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 3-86 22x.1 certify that (f. (this haspital) pittended the deceased from and that in (my) (our) opinian death occurred an the date and have and from the causes stated above. (1) (we) (did) (did not) wew the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED uld be detach h the State De ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN TTO PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS MPORT 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) MITCHURK 24 FUNERAL DIRECTO DHMH - 16 60M 7/84 (VRA 15, 4)

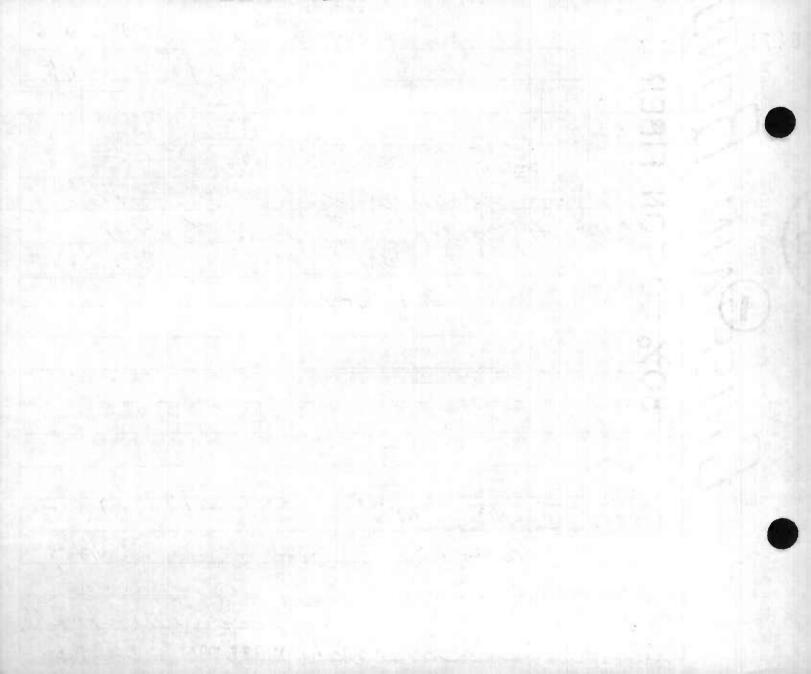


	STATE OF MARYLAND	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAING PHYSICIAN. The law requires that the orth orth orth orthographs consider this certificate has been signed by the Vitied in prince as the burial-transit permit. Then please the burial-transit permit. Then please the and Mempi Hygiene prior to burial crimostian contraction orked at them 18 show gay injury, or other traumatic event, the contraction of the prince of the	APPROXIMATE IN BETWEEN ONSET AS CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSE (a) IMMEDIATE CAUSE (a) CARDID PULL MON ARY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	SED SATH?
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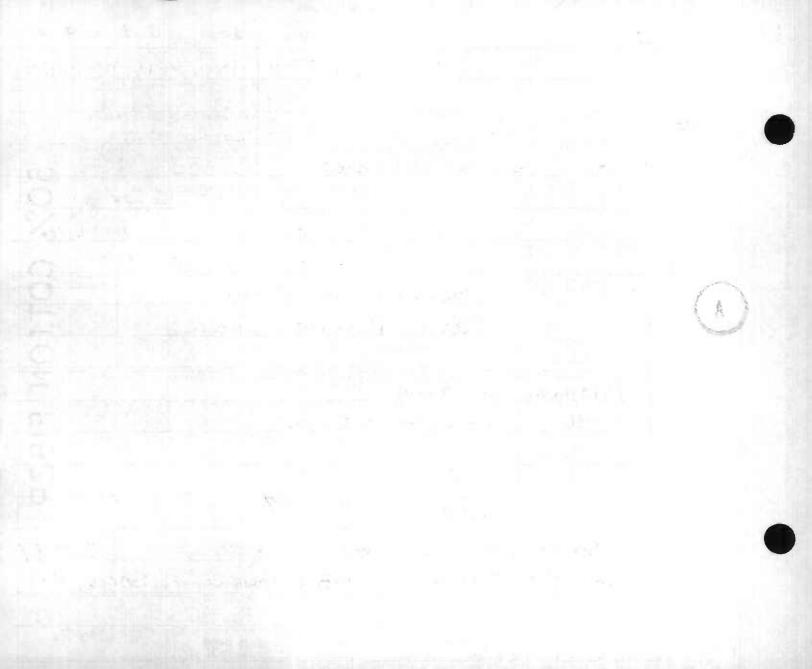


LEORYMEM. & RUSSELL C. WITZKE AD PUNERAL HOMES P.A

630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228

DHMH - 16 60M 7/84

(VRA 15, 4)

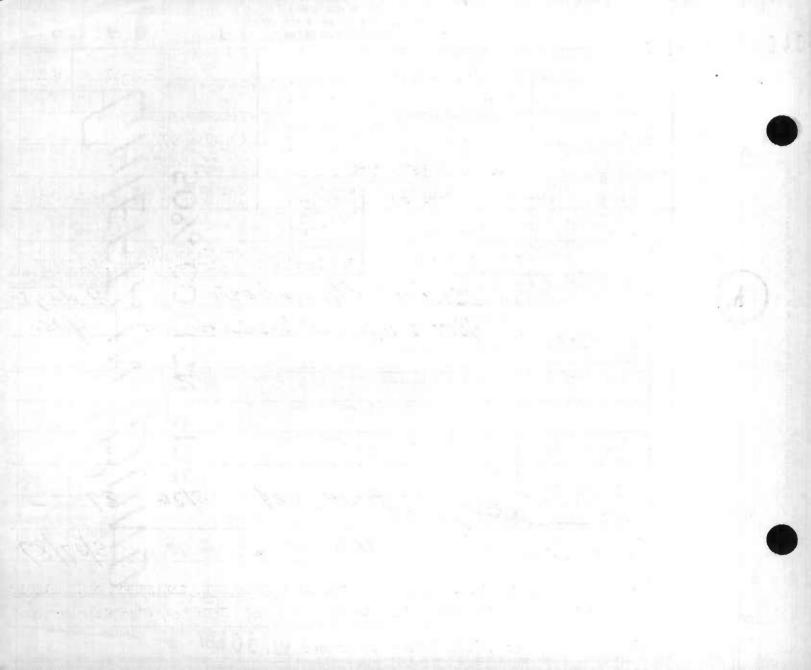


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ā	RE THIS CERTIFICATE SHOULD BY WITH WARD "FEN DRWARDED TO THE CHIEF ME REPAGE 3 SHOULD BE USED A RESTATE DEPARTMENT OF HEAD ID, 21201 PROR TO BURLAL, GR	2	WHILE NOT WHILE AT WORK					CITY	AL TOWN	COUNTY		SIAIE
	ATE, ATE, ORW	18	228 I certify that I tool this in	The remains des	cribed above held an	Autopsy	Inspectio	on D, Ing	urry , and	d in my opinion		
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07/84	BP	23a. B	URIAL, CREMATION, REMOVAL 2	Apr. 4,19	87 Mt. Pe	LEY CE	GREADATORY	23d. LOCATION	on Soy	nerse	7 M	الماء
25M	DHMH - 17	24.F	UNIR DIRECTOR	ADDRESS.	R. Mary	100	M 1 250. DATE	REC'D. BY REGIS	TRAR 256 REGIS	STRAR'S SIGNA	TURE	>
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W. P		cause (a), stating underlying cause		DUE TO,O	R AS A CONS	SEQUENCE	OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the deal critical physician. Ifter this certificate has been signed by the attention os the buriol-transit permit. Then please remove can the and Memal Hygiene prior to buriol, cremation orked or them 18 shows gay injury, or other traumatical physicians.	2	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEAT	H BUT NOT RE	LATED TO	O THE TERMI	NAL DISEA	SE OR CON	DITION GIVE	N IN PART 110	1
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5 5 7 2 3 4 7	23a B	BURIAL, CREMATION, F		23b. DATE	/1987		OF CEMETER	Y OR CRE	EMATORY	23d LOC	ATION			
BP		Dorial		3/30	/170/	AAICC	mico M	iemo					-	Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)		olloway Fur	eral H	Home, P	.A., 5c	ilisbur	y, Mary	land	MAR	30 1º	REGISTRAR	25b REGISTR	AR'S SIGN AT	JRE



Rt.#2, Jersey Road

ulea Davidson Randage

DLLEY MEMORIAL CHAPEL Salis., Md. 21801

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				CERTII	ICATE OF DEA		REG. NO.	0 3	inj O
		CEASED NAME	FIRST		MIDDLE	Britti	ngham		20 DATE OF DEATH	ONTH DAY Y	YEAR 26. HOUR
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	3 SE			4 RACE		S. DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTHE		1 YEAR IF UNDER 24 HE DAYS HOURS MI
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J	Sa	lisbury		Penins	ula Gener	al Ho	spital		Retired Buy	er INDU	Clothing
10	USU.	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY	LIMITCO 1	A STREET ADDRESS / 3		
5	Mo	ryland	Wico	mico	Salisbury	N	- 4	O	732 S. Park	Drive	21801
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1		Robert		incis	Thomas		Lula	51	MIDDLE	Н	loweth
Ť	160 V	VAS DECEASED EVER I			166 SOCIAL SECU	RITY NO			Francis Briti		
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	CERTIFICATION	Maria de la companya della companya									
7	SA	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	NED		206 IF YES, WERE F	FINDINGS USED AUSES OF DEATH?
	E								YES NO	YES 🗌	NO [
1		218. ACCIDENT WAS UND		1100110 1	OF INJURY .M. MONTH DA	Y YEAD	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJURY I	NITEM 18 PART I OR P	ART 2)
	AL	OR CONTRIBUTING C		In .	.M. MOITH	19					
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION		CITY OR TOWN	N COU	NIY STATE
	2	WHILE NOT WHI	K	LAT HOME ST	REET FACTORY, OFFICE F	ARM, ETC)	ZIMEEL		CIIT ON TOWN		STATE
		220 I certify that (I)	(this hospit	ol) ottended th	ne deceased from_			19	_, to	. 19	, that (1) (we) I
		sow the decease above, (1) (we) (d	d olive on	view the bad	Atter death	. 01	nd that in (my) (au	r) opinion d	eath accurred on the date	ond hour and fra	om the couses stated
	- 1	226. SIONATURE	1	The state of the s	/ dier dedis		DEGREE		/	22c.	DATE SIGNED
		165h	nt	1.14	0		MO ATTE	ENDING	MEDICAL STAFF DIRECTOR PHYSICIA	NO 2	126/87
T		22d. PHYSICIAN'S	ME ITHE	PRINT	0		22e ADDRESS	JICIAIN E	DIRECTOR EL PITTSICIA		1000
		Roger	A. Ray	, M.D.	~		307 Ka	y Aver	ue, Salisbury	, Marylar	nd 21801
	23n F	URIAL, CREMATION,			123c N	NAME OF C	EMETERY OR CRE		1238 LOCATION	, , , , , , , , , , , , , , , , , , , ,	
		SPECIFY) Cremat					rv Cremo	_	Salisbury.	Vicomico	. Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

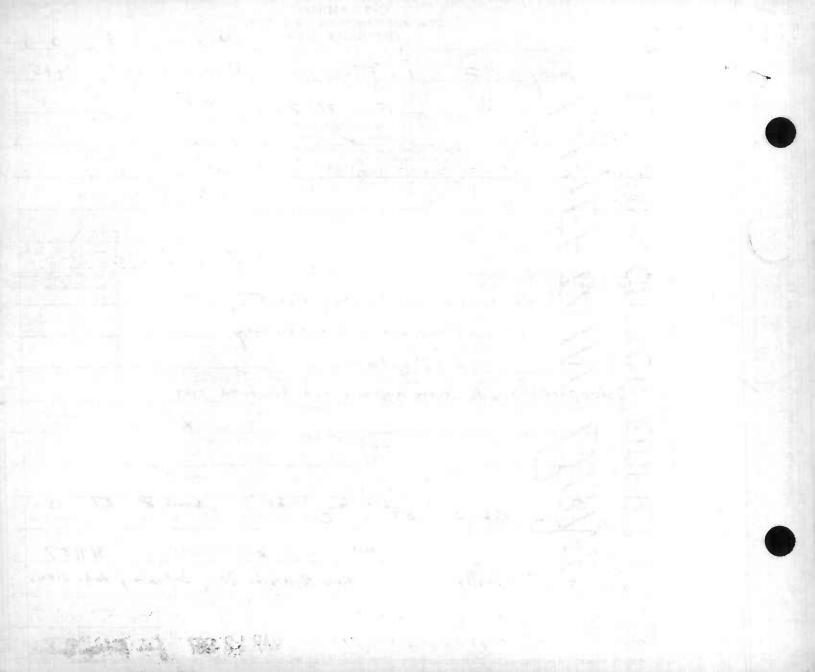
BP.

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME MIDDLE Mary Brittingham (TYPE OR PRINT) Mary IF UNDER I YEAR 5. DATE OF BIRTH 3. SEX RACE MONTH 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Wicomico ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife Salisbury Peninsula General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 139, STATE 1134 COLINTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Wicomico 21830 Hebron Cedar Court NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME John William Robert Adkins Bertha Brown Lee P.O. Box 799 #4 Frank's Rd., Seaford, Del. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 213-24-4269 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. = mohusemo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION tractured vibs 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 I certify that (1)(this hospital) attended the deceased from. and that in (my (our) apinion death occurred on the date and hour and from the couses stated 276 SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN the b 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 71b DATE Hebron, Wicomico, Maryland Hebron Cemetery Burial ²⁴ FUNERAL DIRECTOR Funeral Home, P.A., Salisbury, Maryland DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST DECEASED NAME FIRST (TYPE OR PRINTS Dorothy M. 3 SEX A RACE S DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR 1919 YEAR MONTH AONTHS UAYS 67 White June TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Maryland USA DIVORCED Wicomico WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR IR CITY OR TOWN OF DEATH 12ª LISUAL OCCUPATION LIE NOT IN SUCH FACILITY GIVE STREET ADDRESSI LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Seamtress Garment Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Willards Rt.1 Box 220 YES [21874 NO 3 Maryland Wicomico 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST John Mitchell Minnie Lacurts ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST No 217-07-955 O. Lee Bunting, Willards, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [CERT 21a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 216 TIME OF INJURY MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL HE EITHER NOTIFY MEDICAL EXAMINERS PA 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from_ sow the deceosed dive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (aldy/did not) view to-bally after death 22b. SIGNATURE DEGREE 22r DATE SIGNED ATTENDING STAFF MEDICAL FUNERAL L PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME 22ª ADDRESS IMPORT SALISBURY MD 21801 0 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236. DATE STATE March 28, 1987 Burial Bethel Cemetery RP Willards Wicomico MD25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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-	31)?	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 REG. N	o. 0	9 4	. 7	0
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			EMMA	(BYRD	Market Committee	3 05	1987	7 4:3	0 M
ħ	3 SEX	x		4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR		UNDER I YEAR	_	R 24 HRS
Ш		Female		White	9	Jan.		92	YRS.	, , , , , , , , , , , , , , , , , , ,	1.0043	344114,
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	r? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH		
7		Maryla		USA		WIDOWE	DIVORCED [Wicomic	0:0			MD.
1	10 CI	salisbury		(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE BOURY NU	ET ADDRESS)	PROTHER INSTITUTION Home	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SeamStre	OF WORKING LIFE)	INDUSTRY	of BUSINI	
)	USU/ 13e. S	AL RESIDENCE (IF NURS STATE MD	13b COUN Wico	TY	GIVE RESIDENCE BEFO 13c. CITY OR TO Salisbu	WN	134 INSIDE CITY LIMITS?	130.STREET ADDRESS 1405 Whiti		. / 2	1801	
1	14 FA	THER'S NAME		WIDORE	LAST		15 MOTHER'S MAIDEN NAM	ME		LA	AST	
		John		A.	Catlin		Harriett	E.		velle		
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDR	ESS			
1		No			214-03-	-7674	Mary B. Puse	y - same as	13 ab	cde		
		Conditions, if any gave rise to imicouse (a), static underlying cause	mediate ng the	(b)_6	RAS A CONSEQ	VIL	BRAIN S	INMOM				
	NO	PART 2. OTHER SIGI	NIFICANT (ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 1	10	
7	CERTIFICATION	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, V IN CERTIFYII YES	WERE FIND NG CAUSE	INGS USEI S OF DEAT	TH?
7		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	111	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INSE	IRY IN ITEM TO PART	I I OR PART 2)		
	MEDICAL	214 INJURY OCCUR	RED MILE	21e PLACE	OF INJURY	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	ç	STATE
		22a.l certify that (1) sow the deceas above, (1) (we) (1)	ed alive on	3/5	10	577, or	The state of the s	, to death occurred on the d	FF	-	, that (I) (re causes sta	we) last ated
1		224 PHYSICIAN'S N.					22e. ADDRESS		~	11	0100	•
/		WILLIAM	ROBINS	5, M.D.			RT. 50 & CIVI	IC AVE, SAL	ISBURY,	MD.	2180	1
		BURIAL, CREMATION,				. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CHYOR TOWN		COUNTY		STATE
	,	Burial		3/8/8	7 9	improvi	des Cometem	Chiefiald			M	

DHMH - 16 60M 7/84 (VRA 15, 4)

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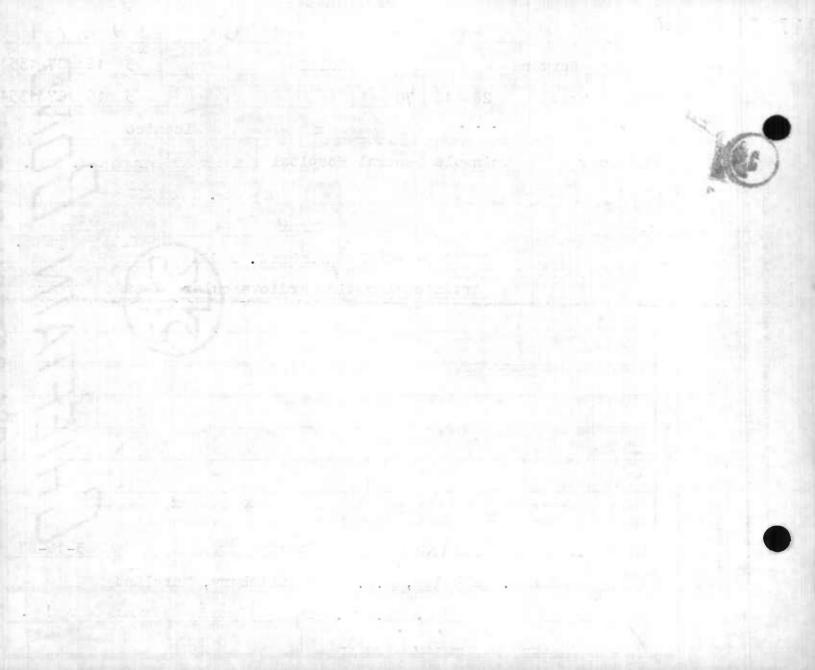
24 FUNERAL DIRECTOR

Bradshaw & Sons - Crisfield, MD 21817

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR 17 MAR 12 1987

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN DE MONTH 2b HOUR (TYPE OR PRINT) ESTI-Challis DEATH MATED 16 1087 1354 Normana 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 26 1354 70 16 DEAD Male White 07 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Aurora, Illinois U.S.A. Wicomico WIDOWED X DIVORCED ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS General Hospital Printer/Lithograph U.S. Govt. Salisbury USUAL RESIDENCE (IF IN NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rte. 2 Box 237 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Garrett Maryland Swanton YES [NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Ruddman Challis Jennie Vernon 17. INFORMANT ADDRESS 1270 Bugeye Ct. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Annapolis Md 21403 707-07-1847 WWII Stephen J. Challis ICAL EXAMINER ALONG WII A BURIAL - TRANSIT PERMIT. P H AND MENTAL HYGIENE, DI MATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Arteriosclerotic Cardiovascular Disease years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE 4 SHOULD BE FORWARDED TO THE CHIEF IN FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE SAFTER DEATH, WITH THE STATE DEPARTMENT OF HE SAFTER DEATH, WITH THE STATE DEPARTMENT OF HE SAFTER DEATH WITH THE STATE DESTRUCTION OF THE SAFTER DEATH WITH THE STATE DESTRUCTION OF THE SAFTER DEATH WITH THE STATE DEATH WITH THE SAFTER DEATH THE SAFTER DEATH WITH THE SAFTER DEATH THE SAFTER D 20 AUTOPSY? YES [] NO A 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection X Inquiry X 22a I certify that I took charge of the remains described above, held an and in my apinion X Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) 3-16-87 Deputy SIGNATURE EXAMINER'S NAME ADDRESS Salisbury. Tohn (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Prince George'Md. Burial Md. Nat. Mem. Park Laurel 03/20/87 07/84 25M 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (VR A15 ME (56633 Old Alexander Ferry Rd Clinton, Md 20735



STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 048987 198 1 9 STATE CERTIFICATE OF DEATH REGISTRAR REG NO MONTH 26. HOUR 20 DATE OF DEATH I. DECEASED NAME EIDST [TYPE OR PRINT) IF LINDER 24 HRS 4. RACE A AGE (IN YEARS LAST BIRTHDAY) IF LINDER I VEAR 1. SEX 15, 1904 Negro Male Apr. 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico E. New Market U.S.A. Md. WIDOWED DIVORCED [IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE RINGETWATE MATHOE N. H. Salisbury Cannery Food Processor USUAL RESIDENCE (IF NURS IN E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? Rt. 1, Box 207 13c. CITY OR TOWN Dorchester Rhodesdale Maryland M. FATHER'S NAME LAST George Coleman, Sr. Ardella Thompson ADDRES Rhodesdale, Md. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 218-07-4863 | Helen C. Washington, Rt. 1, Box 207, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Vas culas menu tes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Ortano sclerisis Wass Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Light 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [NON YES [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M 19 LIF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE marc 22a | certify that the (this hospital) attended the deceased from March 15 saw the deceased alive on-, and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, ((we) (did) (did ot) view the body after death. 22b. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING STAFF MEDICAL DIRECTOR A PHYSICIAN PHYSICIAN 220-ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE (SPECIFY) Reids Grove Cem. Reids Grove, Dor., Md. Buria! 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

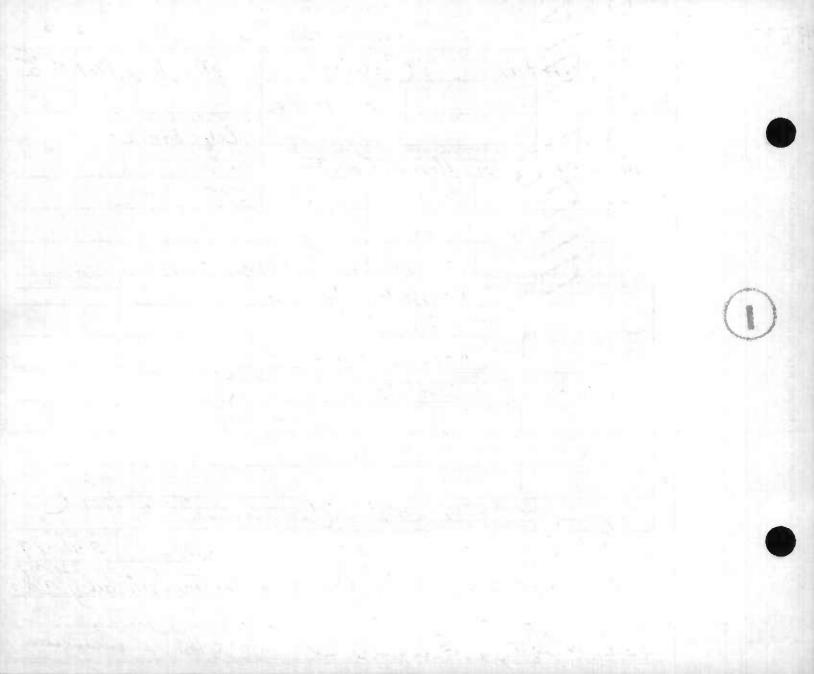
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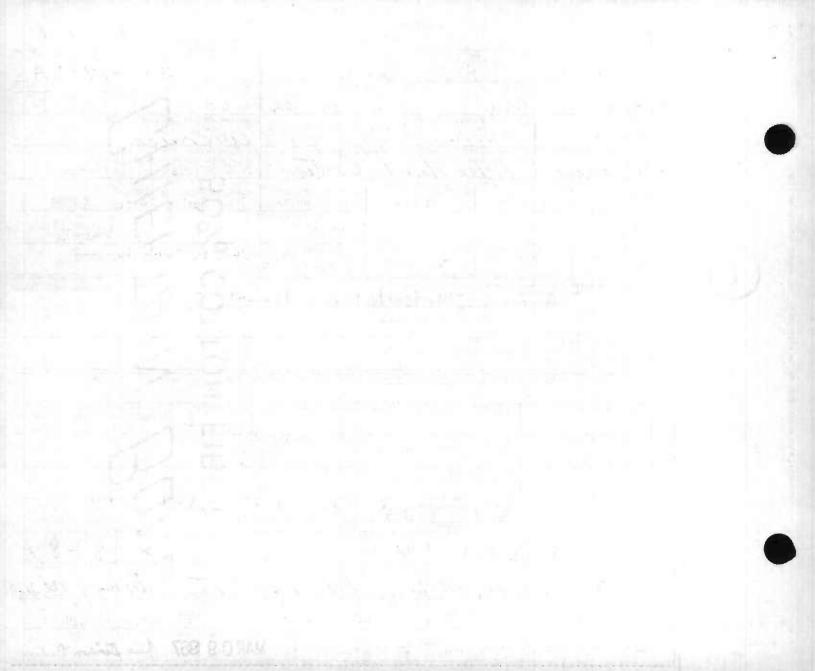
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 26 HOUR LIYPE OR PRINTS IF UNDER I YEAR IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX DATE OF BIRTH MONTH Female White 74 BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWEDE DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker USUAL RESIDENCE (# 1991) 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Bishopville Worcester NOX Collins Road 21813 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST FIRST Pemberton Hickman Della Stevens 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 212-66-2298 Della C. Quillen, Bishopville, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21b. TIME OF INJURY 210 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 3-16 Jour) opinion death occurred on the date and hour and from the causes stated above (1) we did did not) view the body after death 22h SIGNATURE DEGREE MEDICAL STAFF ATTENDING FUNERAL of the State of the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LIVE OF PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 3-18-87 Bishopville Cemetery Bishopville Worcester MD Burial DHMH - 16 60M 7/84 dia Devideon Rend (VRA 15, 4)



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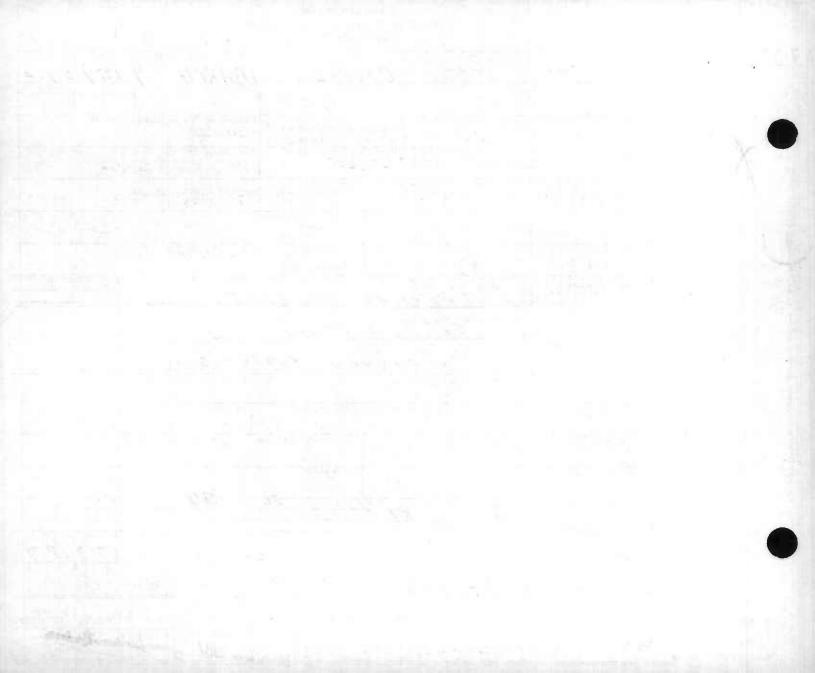


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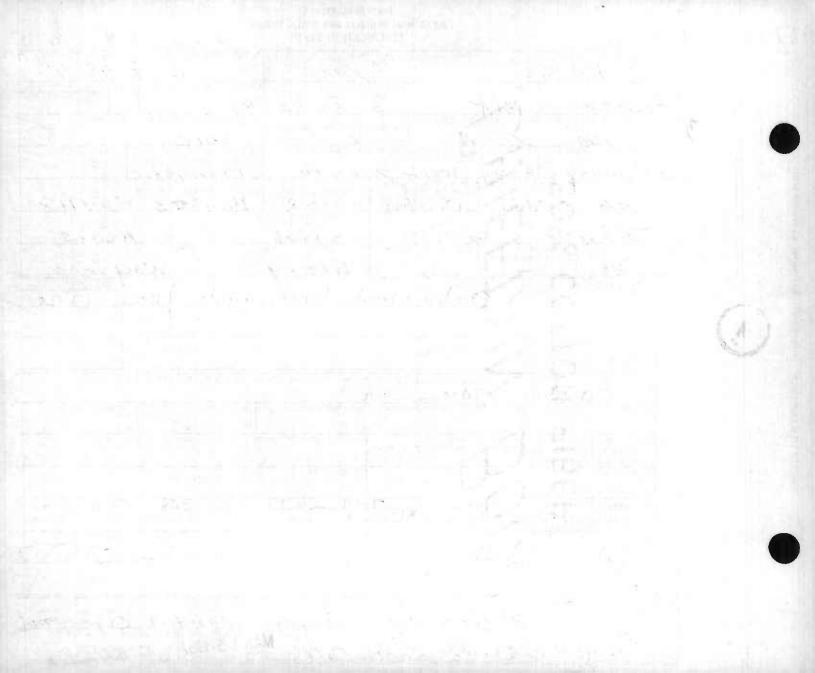
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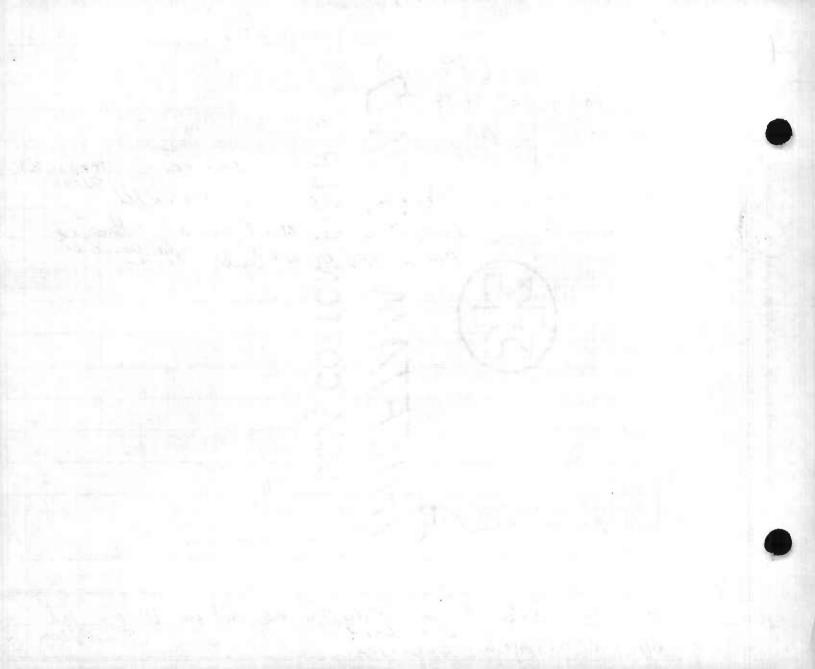


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR I TYPE OR PRINT) March 26, 1987 Culver Glen 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR If LINDER 2.1 HR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico County DIVORCED [WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Deer's Head Center 13e STREET ADDRESS / ZIP CODE 14. FATHER S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR WHINDWH) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [7 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC 1 STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (not (aur) opinian death accurred on the date and have and from the causes stated abave, (Newe) Night (did not) view the bady after death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAM'S NAME (TYPE OF PRINT) Deer's Head Center, Salisbury, Md. 21801 I. J. Hwang, M.D. 230 BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR 250. DATE REE DESYREGISTRAR 250' REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

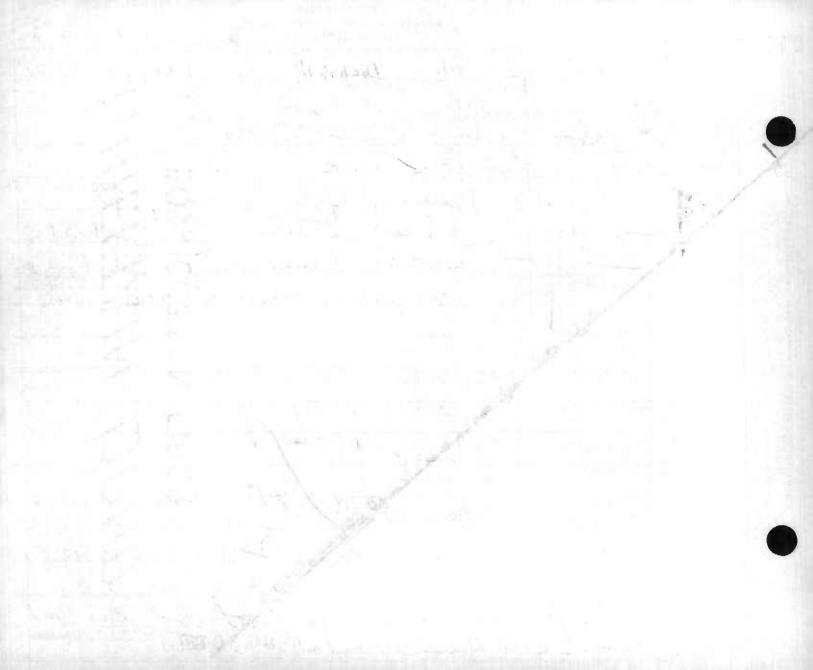
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH DAY 26 HOUR (TYPE OR PRINT) ESTI-1987 Nolien Cyril DEATH MATED 4 RACE NYEARS IF UNDER 1 YR DATE OF IF UNDER 24 HRS 2d HOUR 2c. DATE BIRTHDAY) PRONOUNCED 9:55 1087 2 DEAD 3-16 TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico County WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS U.S. Rt. 13 South of Rt. Fruitland pass WSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 130 STATE Vicomico YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Multiple Gunshot Wounds DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 ALTH AND MI PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E CERTIFICATION ARE THIS CAN.
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TEN Or us of He		sow the deceased alive or	3 80	19 6 1 0	nd that in (my) (our) opinion	death accurred on the de	ate and hour and from the	e couses stated
RECCIPIED Spt. o		22b SIGNATURE	ot) view the body after death		DEGREE		22c DAT	E SIGNED
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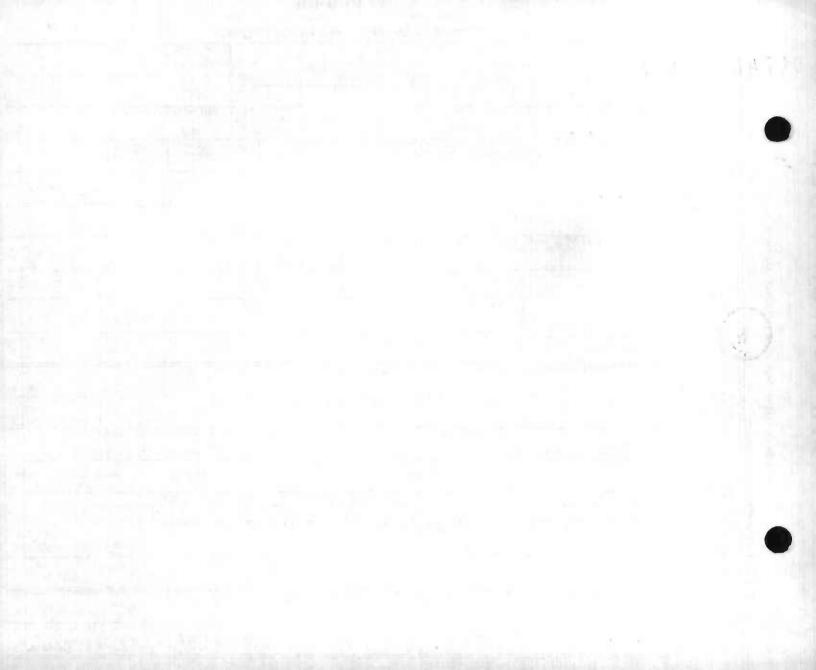
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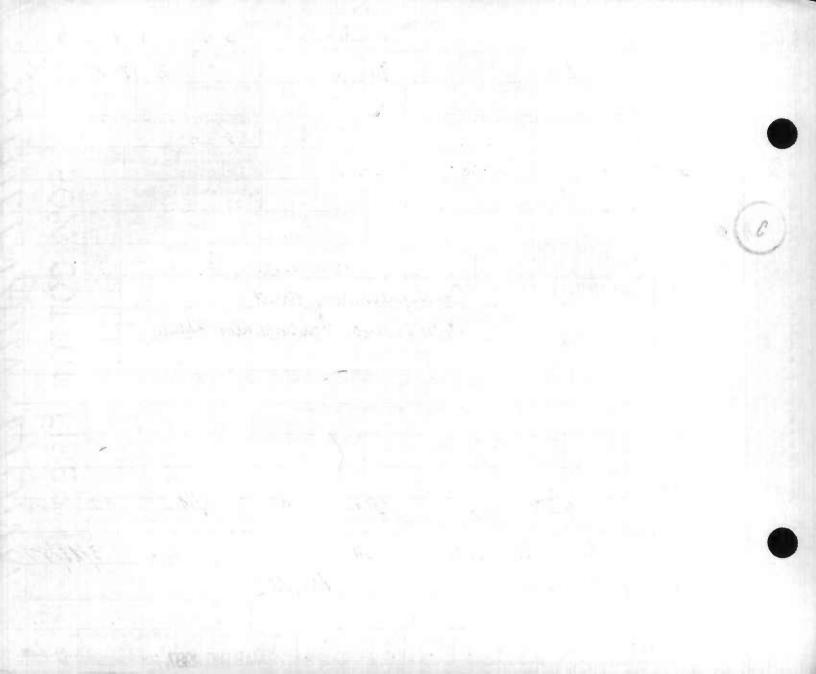
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 20. DATE KNOWN 7h HOUR MONTH (TYPE OR PRINT) OF ESTI-14 1987 LEEPOLEON DELOATCH SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR MONTH LAST BIRTHDAY) PRONOUNCED 3:50 1987 male black DEAD 12 57 29 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY N.C. USA WIDOWED DIVORCED Wicomico County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Peninsula General Hospital Salisbury USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13a. STATE 136 COUNTY 13d. INSIDE CITY HAUTS? 13e STREET ADDRESS N.C. COMO YES NOX Rt 1 Box 318 27818 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Unknown DELOATCH Maggie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATEST No 244-02 9956 Maggie Deloatch Rt 1 Box 318 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BUR HEALTH AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH KX 3-14- 1987 Pedestrian struck by motor vehicle 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21E LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Rt. 13 no. of Rt. 50, Salisbury, Wicomico, MD road TO MEDICAL EXAMINER: THE ERTIFICATE VECUTE THE CERTIFICATE VECUTE THE CERTIFICATE VECUTE TO FUNE TO FUNE THE STABLE DE THE WITH THE STABLE THE WITH THE WITH THE WITH THE WITH THE WITH THE STABLE THE WITH THE WI 220 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinian Accident X death resulted fram: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) M.D Assistant MEDICAL EXAMINER 3-15-87 SIGNATURE EXAMINER'S NAMEWILLIAM M 111 Penn St., Balto., MD 21201 Zane, M.D. ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 3/19/87 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Church Cemetery Como 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wim. C. March F/H 1101 E. North Avenue dia Davidson Pandara (VR A15 ME (5))

STATE OF MARYLAND





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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 047939 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN TO MONTH 2h HOUR (TYPE OR PRINT) DEATH MATED 198 1802 Doane Tieon 4 RACE 2d. HOUR 5 DATE OF BIRTH AGE (IN YEARS LIF UNDER 1 YR IF UNDER 24 HRS 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 39 8 30 1802 Black DEAD Male TO BIRTHPLACE (STATEOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Wicomico WIDOWED DIVORCED I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS Salisbury General Hospital CORDS-13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME MIDDLE ADDRESS DIVISION BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION Diabetes Mellitus: status post pancreatectomy 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 71e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FURNING TO FUNERAL DIRECTOR: PARER DEATH, WITH THE START BALTIMORE, MARYLAND, 2 224 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes X death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) 3-10-87 Deputy DATE EXAMINER'S NAME Bulkeley. John Salisbury. Maryland 23a BURIAL CREMATION REMOVAL 23b DATE 07/84 25M 24 FUNERAL DIRECTOR 250. DAYE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5))

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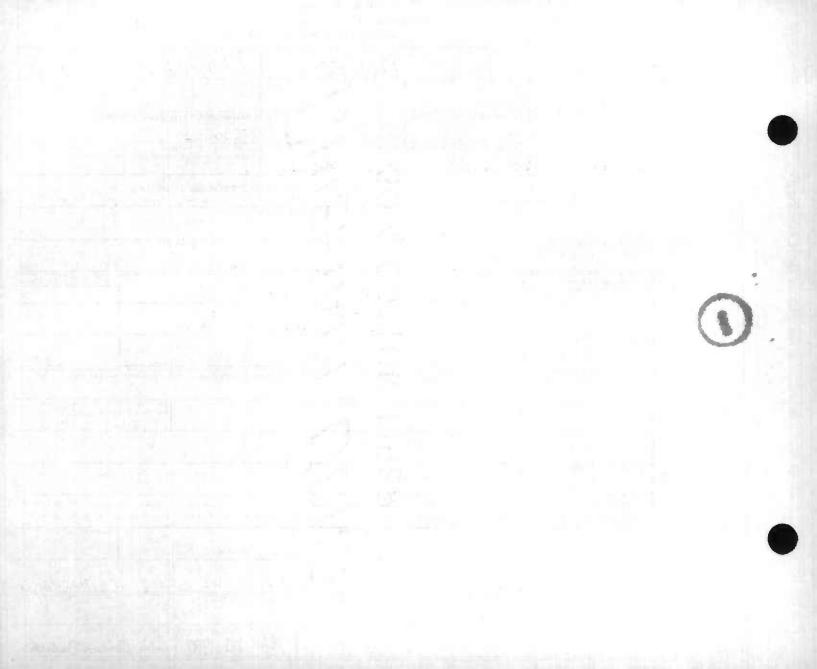
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on. hos been t permit. I ene prior ows ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
CLAN: TI g physici entificate iol-transi ntol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR 19	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)
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ENDIN tol or OR. Af r use o Health		220.1 certify that (1) (this hasp	ital) attended the deceased from	, and that in (my) (our) opinion	death accurred on the de		, that (I) (we) lost
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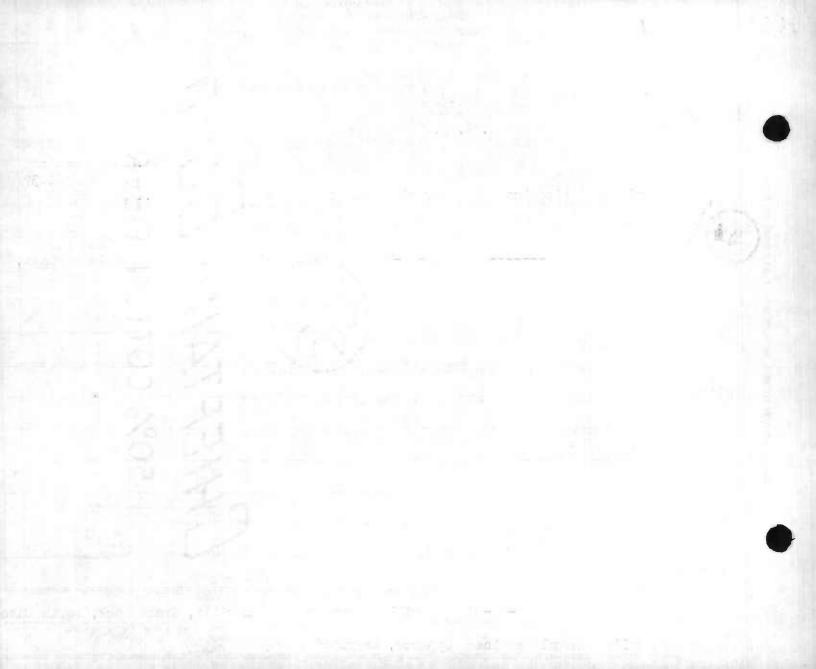
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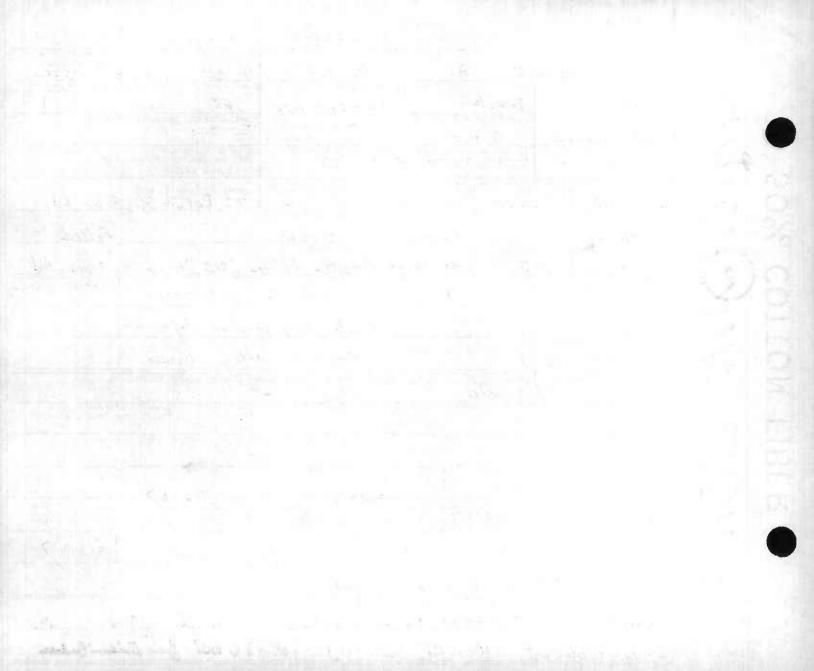
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AND AND		Wicomico 13c CITY OR I		Rte #8 Box 2	88 Phillip Morris Dr
E 186	14 FATHER'S NAME	MIDDLE	15. MOTHER'S MAID	DEN NAME	, LAST.
	Daniel	Dyso		ADDRESS	Kelly
ond exec	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	WWII 220-0		Daniel F. Dysårr, Jr	
drin cian crian he m			1 510 1407	lor Mill Rd., Salisb	ury, Md. 21801 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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Din or		ospital) attended the deceased fro	om 3/2 19	P7 10 3/28	. 19 7 , that (1) (we) lost
Piron of H.	saw the deceased alive	on 3/24 1 not) view the body ofter death.	9 27 , and that in (my) (our) o	opinion death occurred on the date or	d hour and from the causes stated
OR A e hos A bort A frem frem	226. SIGNATURE	1	DEGREE		12c DATE SIGNED
Y the CAL Deto	8	meto S.		DING MEDICAL STAFF	3/25/81
O HOSPII TO FUNE Should be with the Si	22d PHYSICIAN'S NAME (T	TO S. C.	4AN 220 ADDRESS 577.	-D Riverside	Dr. Selsh
7 € 5 € 3 ₹	230 BURIAL, CREMATION, REMO		131 NAME OF CEMETERY OR CREMA		COUNTY STATE
BP	Durial	3/28/1987		Gardens Hebron, \	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR HOLLAME	I Home PA SA	lisbury, Maryland	10000	EGISTRAR'S SIGNATURE
(VRA 15, 4)	1 IOIIOWUY 1 OHEL	ar i loille, i .m., ou	113551 y, Mary Idila	MAR 3 0 1987 Jul	Daniel Control



STATE OF MARYLAND 8 0 5 7 MAR 3+ STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH I. DECEASED NAME a DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 2119 87 Raymond Lloyd Eider 4. RACE AGE (IN YEARS S. DATE OF BIRTH IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS 2c. DATE PRONOUNCED MONTH LAST BIRTHDAY 2:487 Male White 1930 56 YRS DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY North Dakota U. S. A. WIDOWED DIVORCED Wicomico County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Representative:MSTAEducation Peninsula General Hospital Salisbury 21837 13a STATE 13d INSIDE CITY LIMITS? 136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS Maryland Wicomico Mardela Springses NO X RT.1 Box 260 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Eider MIDDLE Peter Blanche King 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESSMaryland 21837 (YES, NO, OR UNKNOWN) Yvonne Eider RT1Box260 Mardela Springs, No 501-22-7859 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIE WE RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY -MMEDIATE CAUSE (0) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED ID THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION INER: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD "PER CARWARDED TO THE CHIEF W. OR. PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HEAD OF THE STATE DEPARTMENT OF HEAD OF THE STATE DEPARTMENT OF HEAD STATE DEPARTMENT 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔽 NO [71g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR Pedestrian struck by automobile CONTRIBUTING CAUSE OF DEATH 21. PLACE OF INJURY 21f. LOCATION TREEN FACTORY, FARM ETC 1 CITY OR TOWN WHILE WHILE AT WORK Coastal Hwy at 75th St, OceanCity, WorcesterCo. rhoad 220. I certify that I took charge of the remay's described above, held an and in my opinion Accident K death resulted from Suicide Hamicide Undetermined monner TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIFE AFTER DEATH BALTIMORE, TITLE (SPECIFY) ACTUAL DATE 3/22/87 Chief SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAM E. Smialek, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 3-25-87 Arvilla Cemetery Arvilla, Grand Fork, North Dako 07/84 2500 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE **DHMH - 17** Marzullo Funeral Service Upperco, Maryland (VR A15 ME (5)) VIAD Z



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	END of o OR: USe Heo		22a I certify that (I) (this hosp saw the deceased alive a		19 87	, and that in (my) (our	r) apinian de	eath occurred on the	date and ha	ur and from the	
1	Spit Spit Spit d fo d fo m 21		obove, (I) (we) (did) (did n	at) view the body afte	r death.	DEGREE					E SIGNED,
	OR AT DIREC Dept of Frem		77% SIGNATURE				NDING /	MEDICAL ST	AFF	3/	1/0-
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STATE OF MARYLAND

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and 21 hou	13a S	Maryland	13b COUNTY Wicom	ico Fr	y OR JOWN	OMISSION)	13d INSIDE CI	NO 🗆	130 STREET ADDRESS 423 W. MC	ZIP CODE	218	26
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IMORE,		VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes	IN U.S. ARMED FC	DATES	4-10-97		17 INFORMAL	Mrs. e as #1	Irene S. Fie 3e	lds (Wife)		
S, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 mires that the desirent lines had completely filled in an please remove the partial in and completely filled in an please remove the partial. Pages 1 add 2 minutes burial, cremation in the medical examination or other traumatic event, the medical examination.	7	Conditions, if ony gove rise to im- couse (a), stotii underlying couse PART 2 OTHER SIGI	, which mediate and the lost.	UE TO, OR AS A C	ASC CONSEQUEN	ICE OF			AAA E S		PART I(o)	
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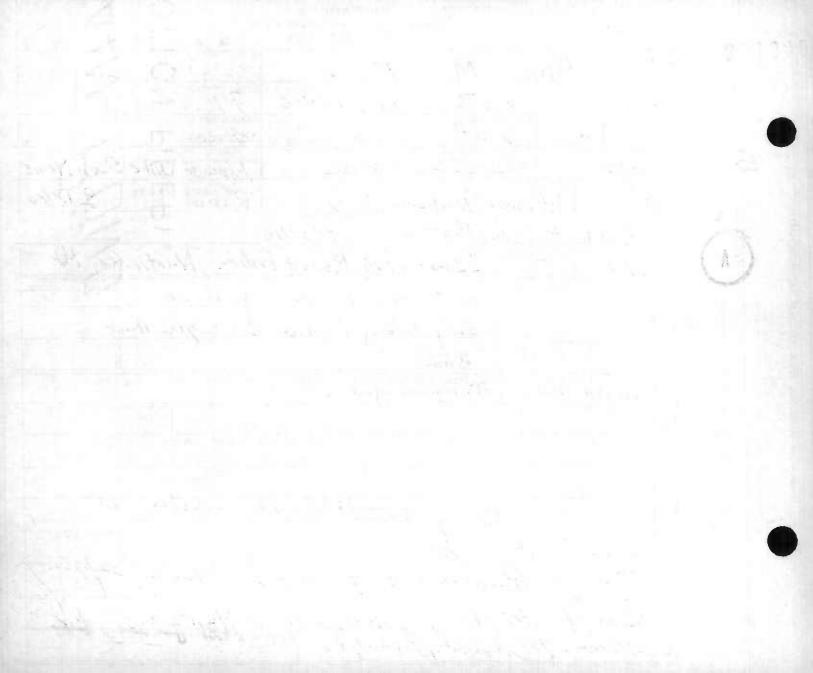
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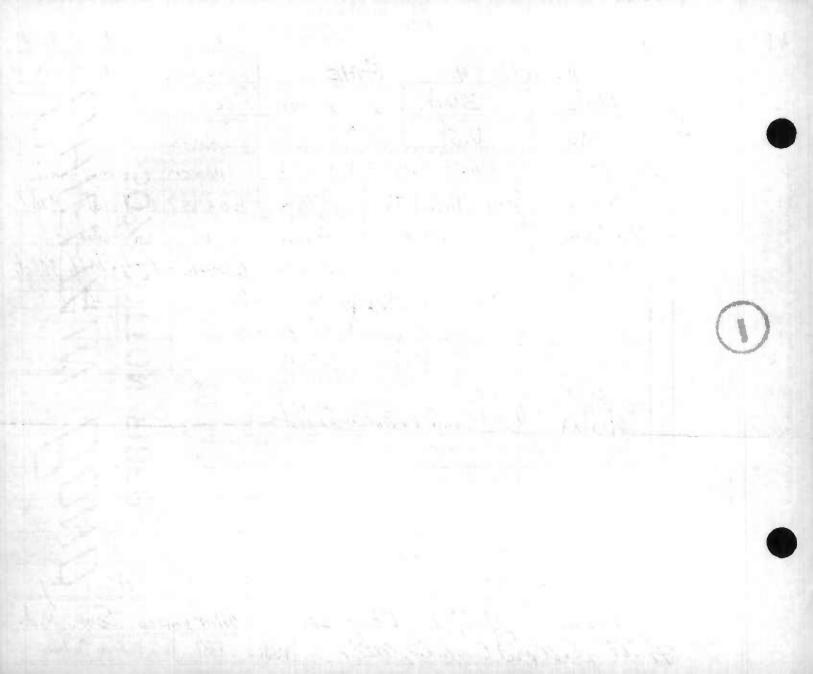
Holloway Funeral Home, P.A., Salisbury, Maryland

256 REGISTRAR'S SIGNATURE



	I	tem 13 per	phone 4/6/8	7 STATE OF MARYLAND		
	1.	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	B REG. NO	09439
149109 APR -	1! DE	GEASED NAME (PS)	MIDDLE	LAST		MONTH DAY YEAR 25 HOUR
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mc mc	3. SE	temale	White	10-17-1918	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
1 1 83		RTHPLACE WEEDS FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	R COUNTY OF DEATH MD.
5 5	Sa	TY OR TOWN OF DEATH	Peninsula Gener	cal Hospital	120. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF	
AND 21	lla.	136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW COMICN NZATICE	YES NO [130 STREET ADDRESS	ZIP CODE 9 1840
MARYI	0	John P.	MIDDLE Lillisto.	b Mother's Maiden N	S WIDDLE	LAST
TIMORE	îba. S		MED FORCES? 166. SOCIAL SECULAR OR DATES) 230-22	-1975 Ronald	Fisher, N.	Anticola, MJ
ST., BAL			oly ane cause per line far (a), (b), and ED BY: TE CAUSE (a) Quality (A)	ontwo Myreadial	whorther in	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce		Conditions, if any, which	DUE TO, OR AS A CONSEQU	engerofine sheep	and comple	i Henry
1 W. PRI hat the charter and by the came asseremental, cremon all, cremon and all and a series a	ij	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	ENCE OF		
RDS, 20 equires 1 n signed Then ple r to buric	NOI		conditions contributing to	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART 1(a)
AL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: T g physici entificate rial-transi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH D.	AY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2]
NG PHYSICIA offending pl fifer this certif of the buriol-t th and Mental	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.) 211 LOCATION STREET	CITY OR TO	NN COUNTY STATE
TENDI tal or OR A or use			ital) attended the deceased from 3 2 4 19	7, and that in (my) (aur) apiniar	7, to 3	te and hour and fram the causes stated
OR her		226. SIGNATURE	12.80.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	27c DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained the State IMPORTANT.		22d PHYSICIAN'S NAME TYPE O	Badeos M	1.D. 813-B E	ostern Three	12(BV)
BP		BURIAL JEMATION, REMOVAL	236. DAJE 4/1/87	NAME OF CEMETERY OR CREMATORY	23d LOCATION	RE OUNTY MATE
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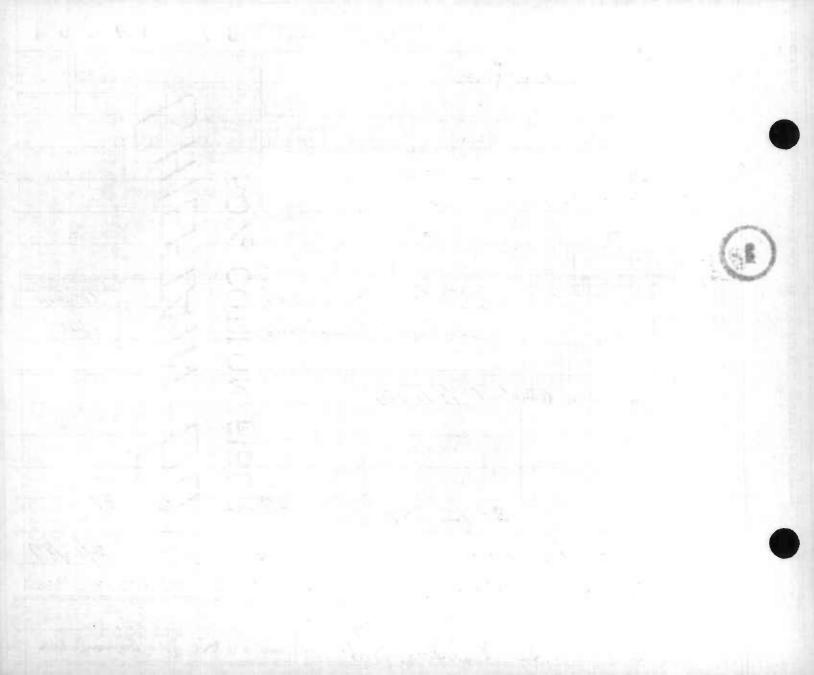


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH UREGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN 26 HOUR [X] (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR.
OUR FILES.
OUR FILES.
MITHIN 72 HOURS David N. Gilbert 19 8 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH YEAR DAY LAST BIRTHDAY PRONOUNCED 13 DEAD Male White YRS TO THE FUNERAL DE PAGE OF THE FILED WITHIN TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTA WIDOWED DIVORCED Wicomico O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 606 Salisbury Peninsula General Hospital SUAL RESIDENCE HEIN 13o. STATE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRES NO [INFATHER'S NAME JURS AFTER DEATH.

18. GIVE PAGES 1, 2
WITH FORM PM 3
IIT. PAGES 1 AND 2 15 MOTHER'S MAIDEN NAME LAST DINISIONO IT. INFORMANT **ADDRESS** [IF YES, GIVE WAR OR DATES] CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH e chief medical, examiner along w be used as a bural, transit permit. Ni of health and mental hygiene, d r[ūr]al, cremation, or removal. PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE STATES OF THE CERTIFICATE. WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHILL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTTMORE, MARYLAND, 21201 PRIOR TO GUB. YES NO K 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 TE PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE WHILE COUNTY STATE 220 I certify that I took charge of the remains described above, held on Autopsy X. Inquiry X Inspection and in my opinion death resulted from: Notural couses Suicide Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL DATE 3-18-87 Deputy SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Salisbury, Maryland John Bulkelev. TYPE OR PRINT **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 07/84 MARGIS WAS SIGN OF THE 25M 24 FUNERAL DIRECTOR **DHMH - 17** NAME ADDRESS (VR A15 ME (5))

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		FOR		DEDADTA		OF MARYLAND ALTH AND MENTAL HY	CIENE		a 150 4
	11.	STATE REGISTRAR		DEI ARTH		CATE OF DEATH	8 PREG. NO	0 9	5 0 1
5 MAR		CEASED NAME FIRST	A **	IDDLE	LAS	ī	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
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	3 SE		4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIR	THOAY) IF UNC	DER I YEAR IF UNDER 24 HRS
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MI		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.	☐ NEVER MARRIED ☐	9 BALTIMORE CITY O	YRS COUNTY OF D	EATH
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21	130	AL RESIDENCE (# NURSING HOME STATE 131 CO arvland Some	OR OTHER INSTITUTION, OUNTY	13c. CITY OR TOWN Eden		36. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Rt. 1 Box	ZIP CODE	822
1		ATHER'S NAME	22000	Hacii		S MOTHER'S MAIDEN NA		230 21	022
4	V	Andrew	WIDDLE	Giunta		Maria	WIDDIE	С	utrara
lico/		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS	
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out out	CERTIFICATION	Ma DATE OF OPERATION	196. COND11	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WES	RE FINDINGS USED CAUSES OF DEATH? NO []
of the state of th	E E	210. ACCIDENT WAS UNDERLYING	The same of the			21c HOW INJURY OCCUP			
E/	¥	OR CONTRIBUTING CAUSE OF	DEATH	A. MONTH DA A.	AY YEAR				
	2	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	APM FIC)	211 LOCATION	CITY OR TO	WN C	OUNTY STATE
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If Nem 21 is marked as the	MED	220.1 certify that (I) (this ha	spital) attended the	deceased from	87 , one	that in (my) (our) opinion	death occurred on the do	19 2 ote and hour and	
ANI: If Hem 21 is morked on the	MED	220. I certify that (I) (this ha	spitol) ottended the	deceased from	87 , one	that in (my) (our) opinion	2_, to3 - death occurred on the do	19 2 ote and hour and	from the couses stoted
ALCAL MIET LIS MOTKED ON BE	MED	27e.1 certify that (I) (this has a me deceased alive above 11) seen (decine)	spitol) offended the	deceased from 19	87 , one	that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	death accurred on the do	ote and hour and	from the couses stoted
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Vhite	001 H	211	1901	86 YRS. MONTHS DAYS HOURS							
U.S.A.	8 MARRIEI WIDOWE		MARRIED		AORECITY Vicomi		NTY OF	DEATH		MD	
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PART 2 OTHER SIGNIFICANT CONDITIO

STATE I DECEASED NAME

Male

Maryland O CITY OR TOWN OF DEATH

Salisbury

Florida A FATHER'S NAME Rufus

To BIRTHPLACE (STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTI

160 WAS DECEASED EVER IN U.S. ARMED FOR

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause

190 DATE OF OPERATION

710 ACCIDENT WAS UNDERLYING

18 CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY.

Alwood

4 RACE

76 CITIZE

11. NAM

St. Lucie

Alfred

IMMEDIATE CAUSE

DUE

Whi

HOUR A.M. MONTH DAY YEAR

CITY OF TOWN

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION

NOT WHILE 27 I certify that (1) (this hospital) attended the deceased from

and that in (my) (euc)-opinion death accurred on the date and haur and Iram the causes stated DEGREE

ATTENDING 1 MEDICAL DIRECTOR PHYSICIAN 22e. ADDRESS

STATE

COUNTY

EARL M. BEARDSLEY, M.D.

50. SALISBURY, MD.

230. BURIAL, CREMATION, REMOVAL Cremation

PHYSICIAN'S NAME PYPE OF PR

23c NAME OF CEMETERY OR CREMATORY Salisbury Crematory

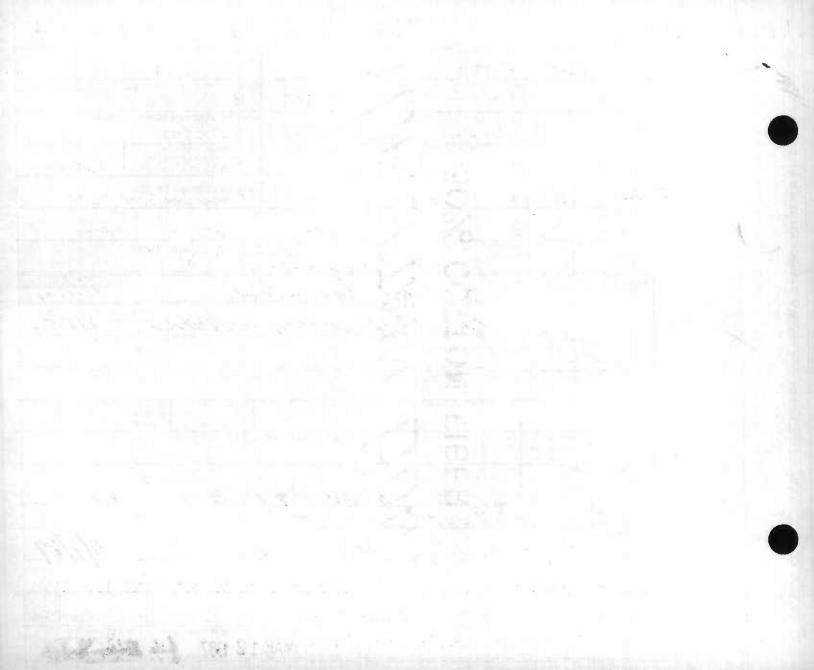
Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR

25a. DATE REC'D. BY REGISTRAR uneral Director Holfoway Funeral Home, P.A., al Galisbury, Maryland MAR

3/8/1987

DHMH - 16 50M 7/84 (VRA 15, 4)



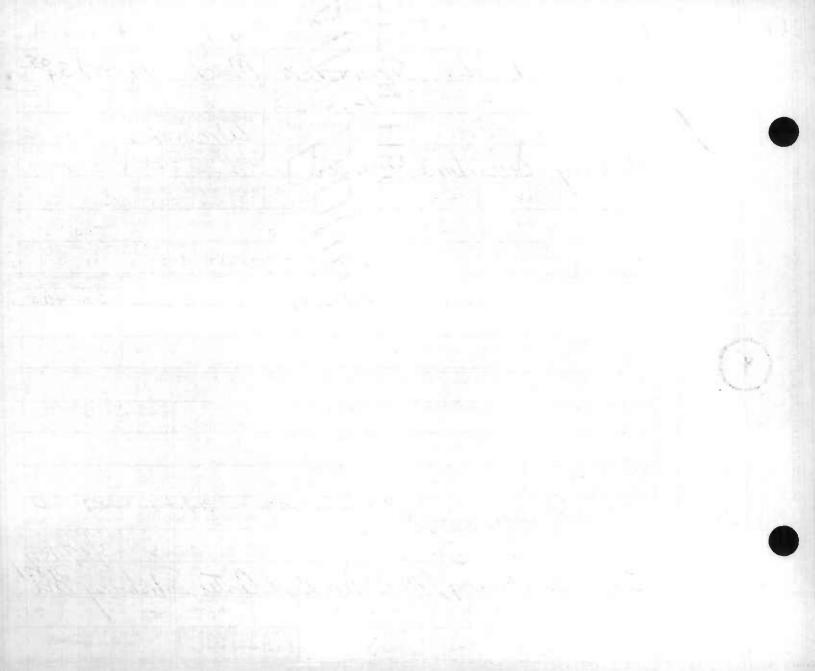
Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

PR S SET JULIA JULIA SEE

Balto. Md. 21236

(VRA 15, 4)



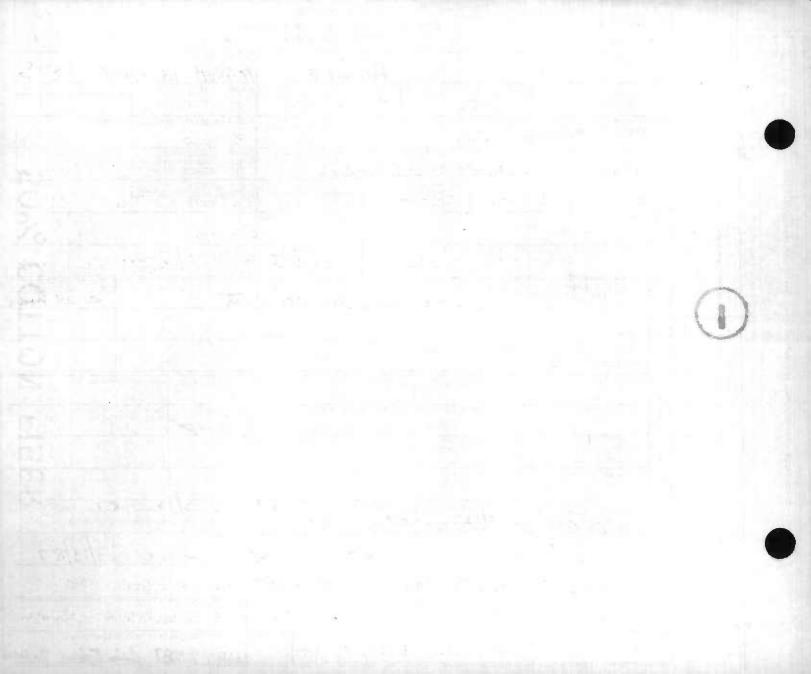
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Of China	23a.	BURIAL, CREMATION,	REMOVAL	236 DATE		23c NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION				
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		STATE OF MARYLAND
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0 4 1	0 6 B 1011 6	CEPTIFICATE OF DEATH & / U 9 3 U 0
		REG. NO.
		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	may be page 3 er death	James B. Harrington Sr. March 11 1987 10:30/m
	90 ov	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		MONTH DAY YEAR MONTHS DAYS HOURS MIN.
	s of	Male White July 31, 1900 86 YRS.
	Poge	BIRTHPLACE (STATE OF SORSION 78 CITIZEN OF WHAT COUNTRY? B 9 BALTIMORE CITY OR COUNTY OF DEATH
	\$ 25 Ag	COUNTRY) MARRIED NEVER MARRIED
	1 Page	MI WIDOWED DIVORCED WICOMICO MD.
	X = \$ \sqrt{2} \times	12. LITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF MORKING LIFE) INDUSTRY
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Ö	been mit. I	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED
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DIVISION OF VITAL RECORDS,	ake of the state o	WHILE NOT WHILE AT WORK AT WORK
Ω	IDIN Se Se S	120.1 certify that (1) (this haspital) attended the deceased from 2/1, 1907, to 1907, that (1) (the last
111	TEN TO OR TO OR	sow the deceased alive an 2/12 go, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
		obove, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATULE DEGREE 22c. DATE SIGNED
	OR AT be hosp DIRECT behed f Dept. of them 2	ATTENDING 1 MEDICAL STAFF _
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	AN Ste B	224. PHYSICIAN'S MAME (TYPE OR PRINT) 220. ADDRESS
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		36 BURIAL, CREMATION, REMOVAL 236, DATE 231, NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY STATE
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CANADA CONTRACTOR OF THE STATE THE STATE OF THE SECOND the car is a second of the sec Tomatre) the sense of the s Desired Control of the Control of th SALE BUILDING IN THE PARTY WITH YOUR PROPERTY FOR THE PARTY. Steering & Schausens Pro Real Chat

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH L DECEASED NAME 26 HOUR Hearne 805 (TYPE OR PRINT) Harris 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS 3. SEX 07 DAY 1890 YEAR Male White TO BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Whitesville, Delawate U.S.A. Wicomico WIDOWED DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
Salesman INDUSTRY. Peninsula General Hospital Salisbury Life Insurance DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Maryland Wicomico Salisbury 136 STREET ADDRESS / ZIP CODE Old Ocean City Road 13d. INSIDE CITY LIMITS? 21801 YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME (Unknown) MIDDI (Unknown) LAST MFORMANT John M. Bloxom III, M.D. 611 Lakeside Drive, Salisbury, Maryland 21801 160 WAS DECEASED EVER IN U.S. ARMED FORCES 66. SOCIAL SECURITY NO 224-05-0028 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY < 24 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE 220.1 certify that (1) this hospital) attended the deceased Iron saw the deceased alive an 3/13 above. If we did aid not view the body after death and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MI 228 PHYSICIAN'S NAME (TYPE OF PRINT) 22s. ADDRESS PGHMCSalisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236. DATE Burial (SPECIFY) 3/17/1987 Wicomico Memorial Park Salisbury, Wicomico, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Holloway Funeral Home, P.A., Salisbury, Maryland (VRA 15, 4)



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386 APR-		STATE REGISTRAR		DEPARTA		ICATE OF	MENTAL HYGI DEATH	ENE 8 /REG. N	o. 0	9 3	08	
. 84		CEASED NAME FIRST OR PRINT)		WIDDLE	l	AST		20 DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR	
oge deot		HELEN HO							-26-87		9:50P M	
frer p	3. SE	(4 RACE		S. DATE C	DAY	YEAR	6. AGE (IN YEARS LAST BE	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
s o		Female	White		0.	12	1898	88 YRS				
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2 4 4 2	RT							YES NO	YES		NO 🗆	
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h and N	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCAT		CITY OR TO	lwN	COUNTY	STATE	
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25131	23a B	URIAL, CREMATION, REMOVAL			IAME OF C		CREMATORY	23d LOCATION		,		
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H - 16 60M 7/84	24 FL	olloway Funeral			C -		250 DATE	REC'A BOREGISTRAR	256 REGISTRA	R'S SIGNAT	URE	
(VRA 15, 4)	H	olloway Funeral	Home, F	A., Salish	oury,	Maryla	nd WIAK O	0 1001 ()				



046806 M	1/-	STATE REGISTRAR		DEPARTMENT	OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	8 REG. NO		9 5 1 0)
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oge 4 mcrector. p	1	MALE	WHITE	E '	8-20-29	57	YRS.		N.
n 72 ho		RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT CO	MA	RRIED NEVER MARRIED OWED DIVORCED	Wicomico	¿COUNTY OF		MD.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death set oftending physician. When this certificate has been signed by the ottending os the buriol-transit permit. Then please remove certificate has death of the please remove certificate of the and Mental Hygiene prior to buriol, cremation, etted or them 18 shows any injury, or other troumcht.		gove rise to immediate couse (01, stating the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE (erb Car	lengels	1	CK_	
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TTEND pital or TOR. A for use of Heal	(220 1 certify that (1) (this haspi ow the deceased alive on above, (1) (we) (did) (did no	2/7	19 5	ond that in (my) (our) opinion	, to	te and hour on	, that (I) (we) li	
TAL OR A RAL DIREC detoched fore Dept.		22b. SIGNATURE	fle		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		3/2/DATE SIGNED	
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BP		SURIAL, CREMATION, REMOVAL	3-11-87	231 NAME	OF CEMETERY OR CREMATORY	23d LOCATION SITY OF TOWN	ice	OUNTY DO, STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	JNERAL DIRECTOR LLRICH F	. N. BEK	2/N/	Mo, 25a DAI	AD 1 0 1987	756 REGISTRAR	SSIGNATUR	

CTATE OF MARYLAND



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DHMH - 16 60M 7/84 (VRA~15, 4)

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BAKER AND BOUNDS

Cremation

24 FUNERAL DIRECTOR

SALISBURY, MARYLAND

3-10-87

DELMARVA CREMATORY

250. DATE REC'D. BY REGISTRAR 25 MAR 12 1987

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47933 HM

STATE OF MARYLAND

1 -	STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 REÉ NO	a	Q :				
	CEASED NAME FIRST OR PRINT) BESSIE	2 CARROLL-JENK	ins Jones	maret	MONTH DAY	YEAR 1987	26 HOUR *			
. SE	F	BLK	DATE OF BIRTH MONTH DAY YEAR 9 - 24 98	6 AGE (IN YEARS LAST BIRT	YRS.		HOURS MIN			
5	RTHPLACE (STATE OR FOREIGN	USA IN	MARRIED NEVER MARRIED WIDOWED DIVORCED			BALTIMORE CITY OR COUNTY OF DEATH Wicomico				
Sa	alisbury	11. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADD Peninsula General	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Donestic House Wife							
4. FA	NTHER'S NAME FIRST VAS DECEASED EVER IN U.S. A	MODIE CARROLL	13d INSIDE CITY LIMITS? YES NO □ 15 MOTHER'S MAIDEN NAV	ME ADDRESS / DORES / DORES	Ground Birck	d Dr.	ive_			
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) (c)	E OF alral for	ulus						
	19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEA								
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	EATH HOUR A.M. MONTH DAY	19 211 LOCATION	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE			
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	Chay For C	I. Raabon	PO BOX 2	636 Sa	lisbur	n m	0 2180			

DHMH - 16 60M 7/84 (VRA 15, 4)

3c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
SALISBURY WICO MC
REC'D. BY REGISTRAR 25H REGISTRAR'S SIGNATURE

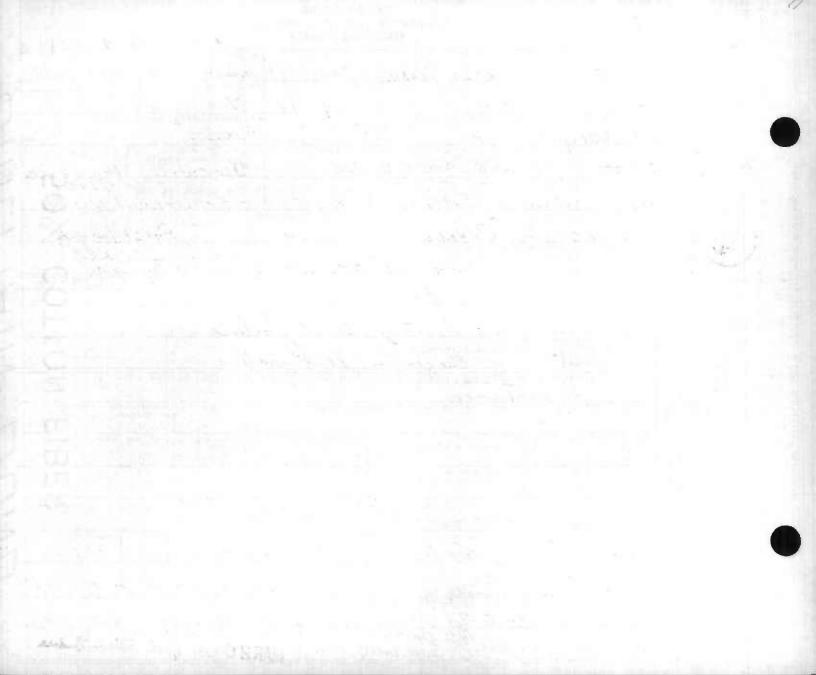
230. BURIAL, CREMATION, HEMOVAL 21 DATE 130. NAME OF CEMETERY OR CREMATO (SPECIFY)

BURIAL 3-23-87 GREEN ACRE MEMOVAL

24 FÜNERAL DIRECTOR 250.

JOHNSMEY MOMOVIAL Chapel- Rt 2 BOX 920 250.

Salisbury, Md.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I/DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR B. .TONES 1. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Nov. 25, 1897 89 FEMALE Cau. A. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? I. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. MARYLAND WIDOWED DIVORCED [WITCOMICO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER SALISBURY NURSING HOME 21801 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 130 Frances St., Salisbury WICOMICO BALISBURY YES X NOF MARYLAND FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE ROBERT BOOTH ANNIE V. BOOTH ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NOA 17 INFORMANT (IF YES, GIVE WAR OR DATES) 219-07-7847 Mrs. Lyda Virginia Bowmann, same as NO 18 CAUSE OF DEATH (Enter only one couse per line for 10), (by ond in PART I. DEATH WAS CAUSED BY: PRESTON ST. IMMEDIATE CAUSE (o) AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate couse in, stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE DATE OF OPERATION 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) THE INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) The Language That (1) (this haspital) oftended the deceased from and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated DEGREE 17L DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS EARL M. BEARDSLEY, M.D. . SALISBURY MD. 21801 CIVIC AVE. RT. 50 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Dorchester Mem. Pk. Cambridge, Dor., burial 24 FUNERAL DIRECTOCURRAN FUNERAL HOME DHMH - 16 60M 7/B4 308 High St., Cambridge, Md. 21613 (VRA 15, 4)

STATE OF MARYLAND



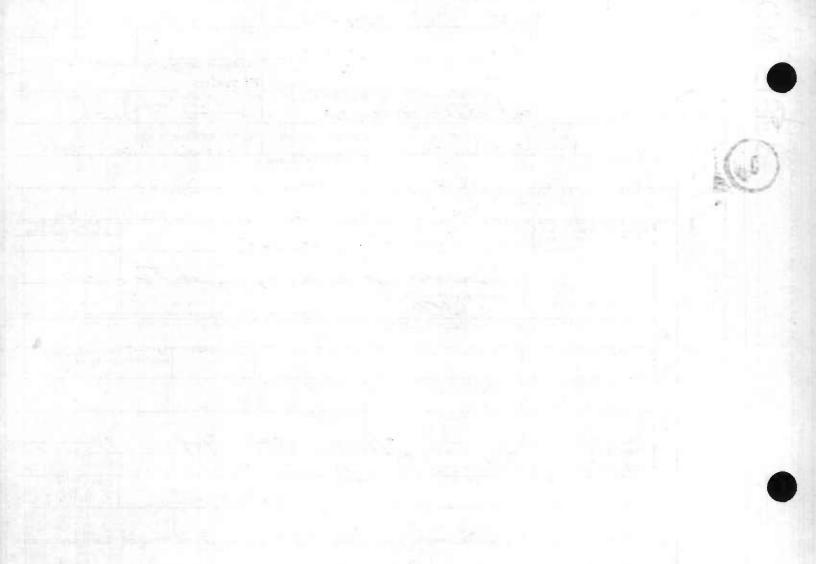


FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Walter St. C. William & Lond

DHMH - 16 60M 7/84 (VRA 15, 4)

4. FUNERAL DIRECTOR

THE PHYSICAL STATE (TYPE OF PRINT)

Dancs

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145 E. Carroll St. Jalisburg

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

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IF UNDER 1 YEAR

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FUNERAL old be deto MPORTANT BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

230 BURIAL, CREMATION, REMOVAL

PHYSICIAN'S MAME THE CEPTING

EARL M. REARDSLEY, M.D.

Buria

23b. DATE

Loudon Park Cemetery

STATE OF MARYLAND

Baltimore 21229

MEDICAL

PHYSICIAN PHYSICIAN

23d LOCATION

CITY OF TOWN

STAFF

50 & CIVIC AVE., SALISBURY, MD, 21801

ATTENDING

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE A dia Tordon- Pandall

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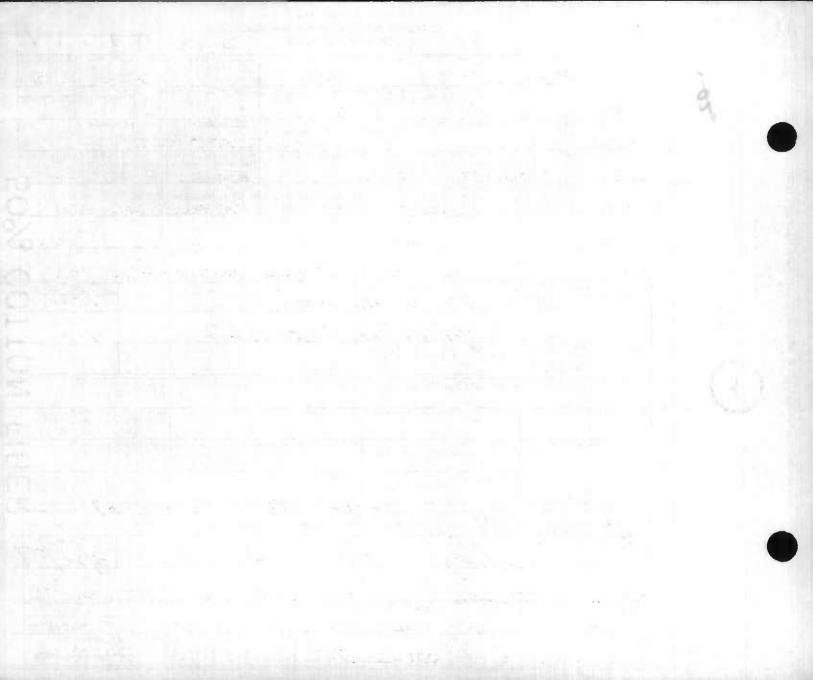
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	STATE OF MARYLAND					
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OR ATTEN OR ATTEN To birectors Suched for us Dept. of Hem 21 is		re) (did) (4 d n	at view the body after death.	and that (my) (our) opinion	death occurred on the date and hou	r and from the couses stated
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0 € 5 € ₹ ₹	23a. B	URIAL, CREMATION, REMOVAL	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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DHMH - 16 50M 4/B2	24 1	NAME NAME	A ADDRESS			AAA S SIGINATURE
(VRA 15, 4)		Chann of Heman	- 1 -15 Cen	MA MA	R 12 1987 Julia ;	ROLLEGE CO.

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ADDRESS

ZELLER FUNERAL HOME, EAST NEW MARKET, MD

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE OF DEATH YEAR 26 HOUR I TOPE OR PRINTI March 10, 1987 Kowalski Joseph 4. RACE & AGE LIN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR Male 08DAY White 1912 STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Bound Brook, New Jersey U.S.A. Wicomico County 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Sales Clerk INDUSTRY Salisbury Deer's Head Center Maryland 13b COUNTY Wicomico Salisbury 13. STREET ADDRESS / ZIP CODE 1011 Pierce Avenue 13d. INSIDE CITY LIMITS? 21801 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE John Annie Kowalski (Unknown) Same as #13e Sertrude R. Kowalski (Wife) 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO ORUNKNOWN) 214-10-9783 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and to PART I. DEATH WAS CAUSED BY renced = lived metastaser IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei NO YES [NO [710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased olive on obove (1) fwe) (did) (did not) view the body after death our opinion death occurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAM'S NAME (TYPE OR PRINT) should be Deer's Head Center, Salisbury, Md. 21801 I. J. Hwang, 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Salisbury, Wicomico, Maryland 3/13/1987 Parsons Cemetery Burial 24 FUNERAL DIRECTOR your Derden La DHMH - 16 60M 7/84 Holloway Funeral Home, P.A., Salisbury, Maryland (VRA 15, 4)

		1	Item 136 -	& Phone CN			
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			CEASED NAME FIRST	MIDDLE	1 LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	r. po	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
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	Po dir	7a B	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	(A A A	-	no -	I		inten. Nerrin	Y
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28 DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR ESTELLE MANNING (TYPE OR PRINT) LILLIAN MARCH 21,1987 0300 M 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) # UNDER TYFAR 3 SEX MONTH CAU. FEMALE June 22,1920 66 BIRTHPLACE ISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVERMARRIED Wicomico U.S.A. MARYLAND WIDOWED | DIVORCED 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12s USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital urses aide. hospital 21869 13e STREET ADDRESS / ZIP CODE 13c CITY OF TOWN Vienna, Md. LARYLAND P. O. Box 82. DORCHESTER VIENNA YES KI M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ESTELLE WILLIAM JONES LILLIAN TODD ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 212-10-2692 Mr. Philip Lee Manning, NO same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic. PART I. DEATH WAS CAUSED BY Breast Cancer matagtatia IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUFTO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO M 710. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE March March 1987 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on 3 March DEGREE 22c. DAJE SIGNED M. J. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PSPONCIAN'S NAME ITH ORDER 22e ADDRESS 145 E. Garroll St., Salisbury MO 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL Dorchester Mem. Pk. Airey, Cambridge, Dor., Md. (SPECIFY) 3/24/87 burial

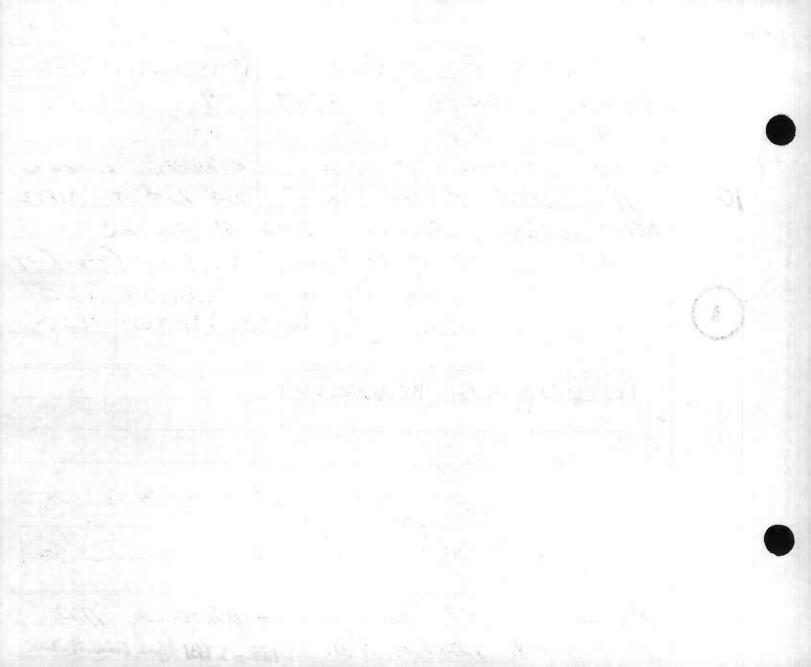
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR CURRAN FUNERAL HOME 308 High St., Cambridge, Md. 21613 MAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH L DECEASED NAME 26 HOUR TITE OF PRINTS 2340 Eva Stayton McNatt Marvel MARCH 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH YEAR 1904 Female White Oct. To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Delaware USA Wicomico WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Peninsula General Hospital Salisbury Machine Operator Sewing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 13c CITY OR TOWN 113d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Sussex Del. Delmar Alternate Route 13 YES X NO F 15 MOTHER'S MAIDEN NAME M FATHER'S NAME FIRST Stayton Minnie Andrew Jackson Rebecca Werley 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 221-03-7016 427 Kings Hwy. No Herman S McNatt 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse (D), stpting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from 19 87 saw the deceased alive on shove, (1) (we) (did) (did nat) view the , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGRIN ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN ICIAN'S NAME STYPE OF PRINTS 72e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION 236. DATE Del STATE Milford, Fellows Cemetery DHMH - 16 60M 7/84 (VRA 15, 4)

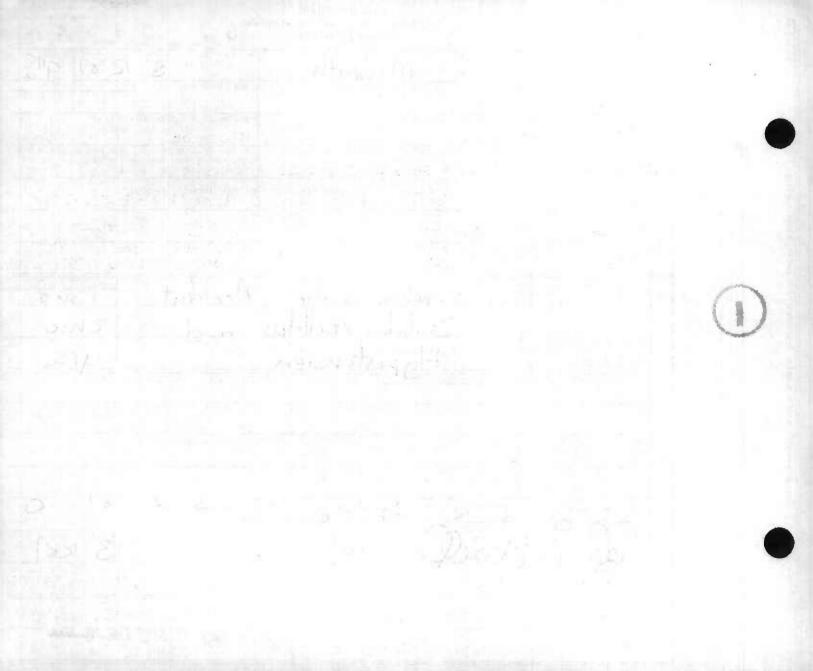
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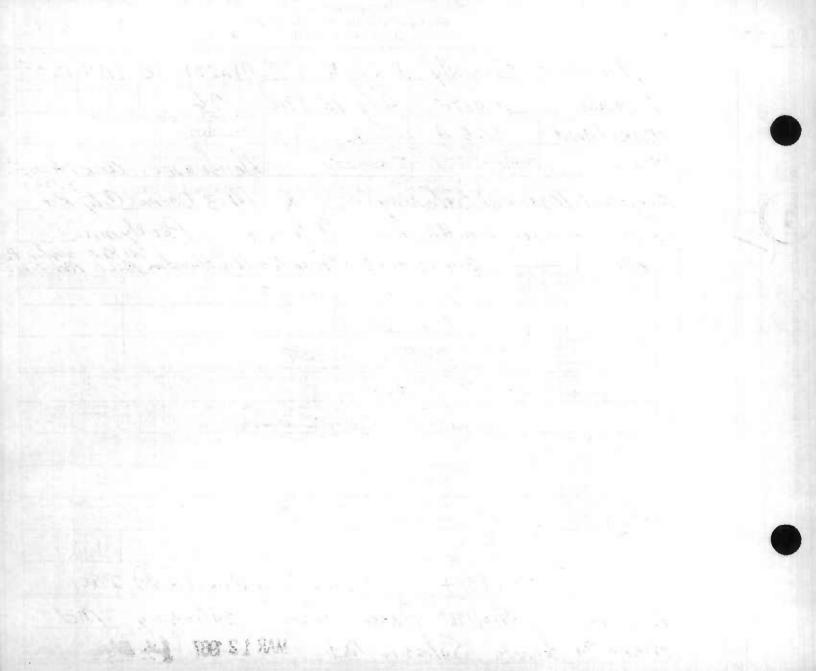
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 1. DECEASED NAME McGimnis (TYPE OR PRINT) Catherine MCGINNIS DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE Female White october 29.1917 69 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Permsylvania Wicomico DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIECTRICAL W.S Ret Retired Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Florida 13d INSIDE CITY LIMITS? 12923 Sandburst Pasco 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Julia Kresock John 16h SOCIAL SECURITY NO. 17 INFORMANT Sandburst In WAS DECEASED EVER IN U.S. ARMED FORCES? 166-03-7829 Leo F. McGinnis (YES, THO OR UNKNOWN) Bayonet, F1.33567 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) W. PRESTON ST A CONSTQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 70b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from_ sow the deceosity of the on obove, It (we) (d.d.) I d not) view the body after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 776 PHYSICIAN'S NAME WITH OR PRINT) ROGER KAY ST. SALISBURY MD 21801 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23h. DATE Removal 5,1987 Maple Hill Crematory, Wilks-Berre-Luzerne 24 FUNERAL DIRECTOR HMH 316 60M 7/84 Zeller Funeral Home, Salisbury (VRA 15, 4)

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TO HOSPITAL TO FUNERAL should be den with the Store		Roger Merrill	1, M.D.		l .	r Street, Salis	sbury, Ma	iryland 21801
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	3/14/1987		emetery or crematory n's Cemetery	Fruifland,		o, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	Holloway Funera	l Home, P.A.,	Salisbury	, Maryland	ATEREGO BESTRAR	116 REGISTRAR'S	Signalant







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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH **TREGISTRAR** REG. NO MIDDLE LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) VIXON MARCH 23. Evelvn 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5 DATE OF BIRTH YEAR MONTH Black Female 04 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Wicomico Clairton, Pa. WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital Salisbury Housewife MARYLAND 21201 USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 138. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Somerset Pr. P. O. Box 63 Md 21853 Anne NO [15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE William Crawford Lelia Curtis A 166 SOCIAL SECURITY NO. ADDRESS 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 219-07-6413 Charles Nixon P.O.Box 63 Pr.Anne, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiovascular collapse DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR LOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinion death accurred on the date and how and from the causes stated abave, (1) (we) (did) (did na) 22h SIGNATURE DEGREE 22c DATE/SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OR PRINTS 22e ADDRESS the the EWIER P.O. BX BB shaul with 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Pr. Anne, Burial 3/28/87 Mt. Hope Somerset BP 24 FUNERAL DIRECTOR Church Street 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Wilfriam James Denden

Princess Anne. Md.

(VRA 15, 4)

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rol director page 3 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	0	9	5	3	2

	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTAL HYG	IENE 8	7	0	9	5	3	2
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	sow the deceased	d olive on	waw the hadu	ofter death	, or	d that in (m	y) (our) opinion o	deoth occurre	ed on the do	te and ha	out and fre	om the c	ouses stat	ed
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	VC.J.	Hur	idless	ton.	198	2	5 Bro	ad S	+ F	rin	CLAS	An	ne,	Md.
	BURIAL, CREMATION, R	REMOVAL	23b. DATE		NAME OF C	EMETERY OF	CREMATORY	23d LOC	ATION		COUNT	v	ST	16
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24 F	UNERAL DIRECTOR			Rt. #	2, Jer	sey Ro	25a DATE	E REC'D. BY	REGISTRAR	25b REGI	STRAR'S S	IGNATU	RE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

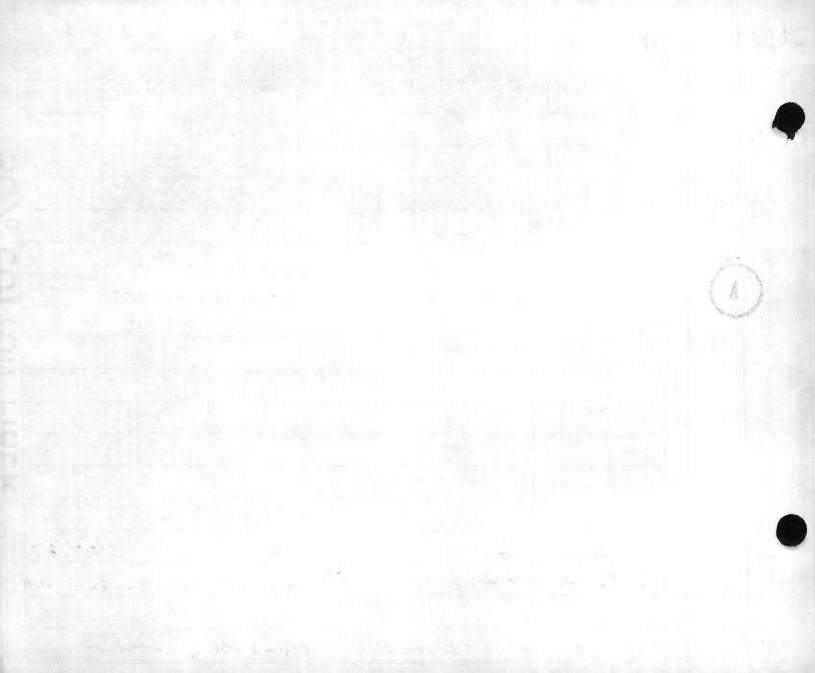
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TO FUNERAL DIRECTOR. After this certificate has been signed by the offi-should be detached for use as the buriol-transit permit. Then please remaying with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion. MPORTANT: If them 21 is marked or them 18 shows any injury, an other trou

OR ATTENDING PHYSICIAN: The low

Jolley Memorial Chapel

Jua Devider Rendres Salisbury, Md. 21801 APR - 1 198/



DHMH - 16 60M 7/84 (VRA 15, 4)

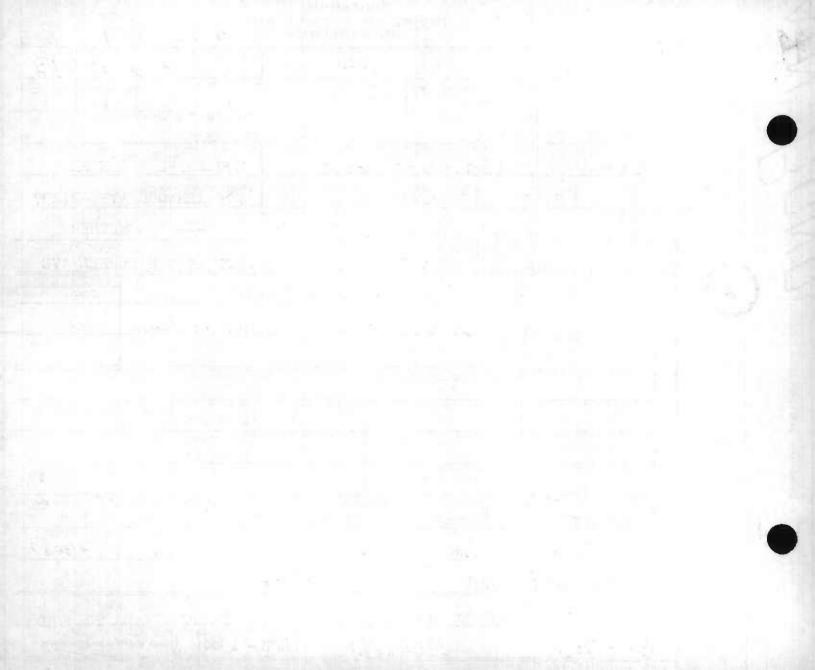
Holloway Funeral Home, P.A. Salisbury, Md.



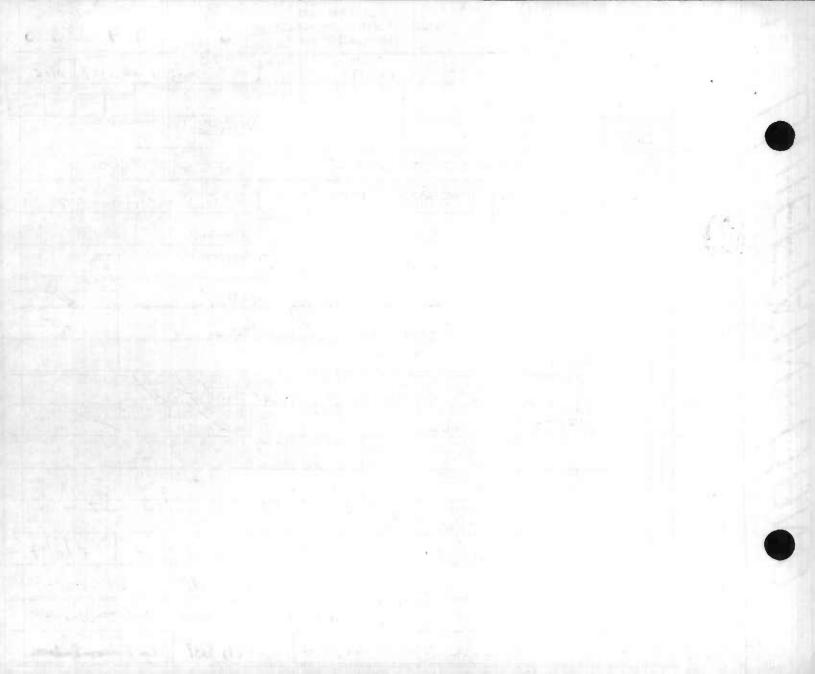


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b HOUR (TYPE/OR PRIVIT) BRANCHE 2055 MARCH 12,198 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE LINDED 2 LUDS 3. SEX BALTIMORE CITY OR COUNTY OF DEATH I STATE OR OREIGN MARRIED NEVER MARRIED Wicomico DIVORCED [WIDOWED 126. KINDSOF BUSINESS OR TYPE OF YORK FOR MOST OF WORKING LIFET Salisbury Peninsula General Hospital COMILO 14 FATHER'S NAME Koben TSON 17 INFORMAN IN U.S. ARMED FORCES See Sec 13A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Mandesorsculere Ducent Defenose bero fice Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 706. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NODE D 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ò CITY OR TOWN COUNTY STATE (AT HOME STREET, EACTORY, OFFICE, FARM, ETC.) NOT WHILE 2-26 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 77h SIGNATURE DEGREE 22r. DATE SIGNED ATTENDING MEDICAL FUNERAL [
July be deta PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS CHIFFORD AMES L ENICAL CHATER 0 DHMH - 16 60M 7/84 (VRA 15, 4)

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AL DIRE	1		??b. SIGNATURE		Crau	Man		DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	STAFF		726. DATE	E SIGNED!
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TO FUNERAL should be det with the State			Stev	-	Lan	15 HAU	U , M.D.	1	45 6	CA	roll.	[12	Salisbu	ry,Md.218
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m 5		CEASED NAME FIRST		MIDDLE	Λ.	AST	20 DATE C		MONTH DAY	YEAR	26 HOUR
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of po	3. SE	1	4 RACE		5. DATE C			YEARS LAST BIRT	MONTH	DER I YEAR	HOURS MIN.
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35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	S.	9 8. MARRIEI WIDOWE	NEVER MARRIED	Wicos		COUNTY OF D	EATH	MD.
30		IYOR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSI ICH FACILITY, GIVE STREE ILA Gener	T ADDRESS)	prother institution	TYPE OF WO	OCCUPATION RK FOR MOST OF	WORKING LIFE) IN	Ib. KIND O NDUSTRY	F BUSINESS OR
35		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL		13c. CITY OR TOV		13d INSIDE CITY LIMITS?		ADDRESS /	1-11-1	Oci	ve 2/fc
24/	14. E/	ATHER'S NAME A PIRST	MIDDLE	Whitma	(0)	15. MOTHER'S MAIDEN	NAME	MIDDLE		FLU	hart
madco /		VAS DECEASED EVER IN U.S. A YES, NO OR YNKNOWN) (IF YES, C	RMED FORCES?	166 SOCIAL SEC	G-SFIF	Dorakt Ran	shaw	2311 Sali	5 bury	Driv	121801
Then please remove cortor to buriol, cremotion, or entire injury, or other troumotics.	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)	DR AS A CONSEOL	JENCE OF	NOT RELATED TO THE TE		SE OR CONE	DITION GIVEN IN	N PART III	7
19	CERTIFICATION	196 DATE OF OPERATION	19b COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	YES T	OPSY?	20b. IF YES, WE IN CERTIFY ING YES	CAUSES	OF DEATH?
ad Grand Hyg	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A	OF INJURY A.M. MONTH D P.M. OF INJURY TREET, FACTORY, OFFICE.	19	216 HOW INJURY OCC			Y IN ITEM 18 PART I C	,	STATE
oold be directed for use in the State Dept of Health or APORTANT, if hen 21 is market		270.1 certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did in 27b. SIGNATURE) 27d. PHYSICIAN'S NAME TIME 27d. PHYSICIAN'S NAME TIME 27d. PHYSICIAN'S NAME TIME 27d. PHYSICIAN'S NAME TIME	not) view the bod	y ofter death.	87.01	22e ADDRESS		STAF	te and hour and	Trom the	SIGNED 7.87
2833/		BURIAL, CREMATION, REMOVA	3/17	7 /87 236	0	emetery or cremator	Pr	Anne	Som	- 11	Mid
IMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR		PADDRESS A	lane		AR 1 Q 1		25b. REGISTRAR'S	5 SIGNAT	URE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG. NO	0	9	3	3	8	
RAYNE	MANCH	161	148	YEAR 7	2b	الالا	~
5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRT)			OER I YEAR	HOL	NDER :) 2 F

68

white Sept. 11, 1918 TO BIRTHPLACE ISLATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? U.S.A.

Peninsula General Hospital

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

MARRIED NEVER MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Wicomico 120 USUAL OCCUPATION TTYPE OF WORK FOR MOST OF WORKING LIFE)

bottling

12b. KIND OF BUSINESS OR INDUSTRY distributor

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY Wicomico Maryland

WW

Elwood

4 RACE

13c. CITY OR TOWN Powellville

13d. INSIDE CITY LIMITS? YES 🗍 NO X 15. MOTHER'S MAIDEN NAME

Beulah

13e.STREET ADDRESS / ZIP CODE Box 42 21852

9 BALTIMORE CITY OR COUNTY OF DEATH

MIDDLE Williams

MIDDH Lloyd 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Samuel

FOR - STATE REGISTRAR L DECEASED NAME ELYPE OF PRINTS

male

Maryland

Salisbury

14. FATHER'S NAME

ves

CERTIFICATION

MEDIC/

8

0

10 CITY OR TOWN OF DEATH

COUNTRY)

3. SEX

Rayne (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line forters (b), and (c).)

IMMEDIATE CAUSE 10

166 SOCIAL SECURITY NO 215 26 4311

17 INFORMANT Aileen Rayne Jones **ADDRESS** Rt. #1, Box 153 Pittsville, Md.21850

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.

198 DATE OF OPERATION

DUE TO, OR AS A CONSTQUENCE

DUE TO, OR AS A CONSEQUENCE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

YES [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

21f LOCATION STREET

CITY OR TOWN

COUNTY STATE

22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death

DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED

23¢ NAME OF CEMETERY OR CREMATORY

Salisbury, Md. 21801

230 BURIAL TEMAT burial

3/19/87

Powellville Cemetery

23d LOCATION CITY OR TOWN Powellville

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE Wico. Md.

24 FUNERAL DIRECTOR

108 Williams St. Berlin, Md. 21811 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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BP

Kirk Burbage

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48589 MAR 3	0,8	FOR STATE	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		8 7	0	9 5	4 2
noy be		CEASED NAME OR PRINT)	Lay To	TON P	RIGGIN	20.	march	21	87	26 HOUR 2130 M
e 4 mo) ctor po s ofter o	3. SEX	Male	White	Sept.		2 6. A	GE (IN YEARS LAST OIRT		ONTHS DAYS	HOURS MIN.
neral dire		RTHPLACE (STATE OR FOREIGN TOUNTRY) Maryland	CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	TA	ALTIMORE CITY O		OF DEATH	MD.
by the for	Sa	alisbury / 1	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Peninsula Ger	URSING HOME C STREET ADDRESS) PERAL HOS	ROTHER INSTITUTION	(IV	USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF METAL Mg	WORKING LIFE)	INDUSTRY	ry Mfg.
AND 212 AND 212 filled in nauld be f	13o. S	AL RESIDENCE (IF NURSING HOME OR O STATE MD 336 COUNT	Y 13c. CITY OR	RTOWN	13d. Inside City Limi Yes 🛣 No 🗆] 2	STREET ADDRESS A	zip code apeake	Ave./	21817
MARYLL ed within mpletely ond 2 sk	14. FA	THER'S NAME Edgar L	Riggin Riggin	31	15. MOTHER'S MAIDE Avalon		Pearl		Riggi	n.
e execute on ond co		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE		5-7003	17 INFORMANT Sandra L.	Rigg	in / Sali	\$2040 sbury,	Phea sa MD	nt Dr. 21801
ON ST., BALT		18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE	BY:	espicas	Tory A	res O			BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death controlled be executed within 24 hours a cattending physician. Viter this certificate has been signed by cattending hysician and completely filled in by as the burdicitansis permit. Then please the controlled hygiene prior to buriol, crements and completely filled in by one of Mental Hygiene prior to buriol, crements and completely filled in by orked or frem 18 shows any injury, or other traumatic event, the medical examiner finus being content.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONS	herosche	la sel	ascul	la lesis	20		
requires red signe 1. Then p or to bur y injury, or	NOIL	PART 2 OTHER SIGNIFICANT CO	I 19b. CONDITION FOR W				L DISEASE OR CON		WERE FINDI	
TAL REC	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO		,	res NO	IN CERTIFY YES	ING CAUSES	
NOF VITA ng physica certificate rial-transi frem 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
NVISION Offender Free this os the bu	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM ETC.)	211 LOCATION STREET		CHYOR TO	107	COUNTY	STATE
ATTENDIFICATION OF FOUNDS OF Health		220 I certify that (1) (the harpito sow the deceased alive on above, (1) (wa) (did) (did as)		_19	nd that in (my) (auc) of	pinion deot	to	ote and hour		
At OR At DIRECTOR of Dept (17. If hem		226 SIGNATURE	(Ranko	2		ING N	EDICAL STA	FF IAN 🗆	3/2	2/87
CO HOSPITA etoined by TO FUNERA should be du with the Sto		22d PHYSICIAN'S NAME (TYPE OR	Raalmo		PO BOX	263	6 Sals	sbur	y mo	2180/
PP	230	BURIAL, GREMATION, REMOVAL (SPECIFY) Burial	3/25/87	Sunnyri	emetery or cremated de Comete	TORY	Cristiel	- Son	nerset	- MDTATE
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	ADI	DRESS MID	21 2177	50 DATE RE	C'D. BY REGISTRAR			

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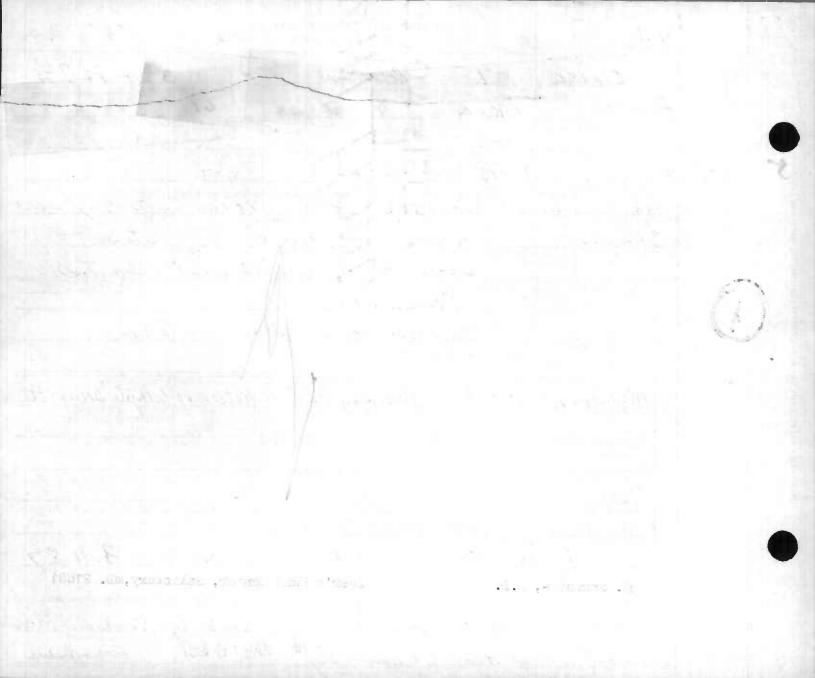
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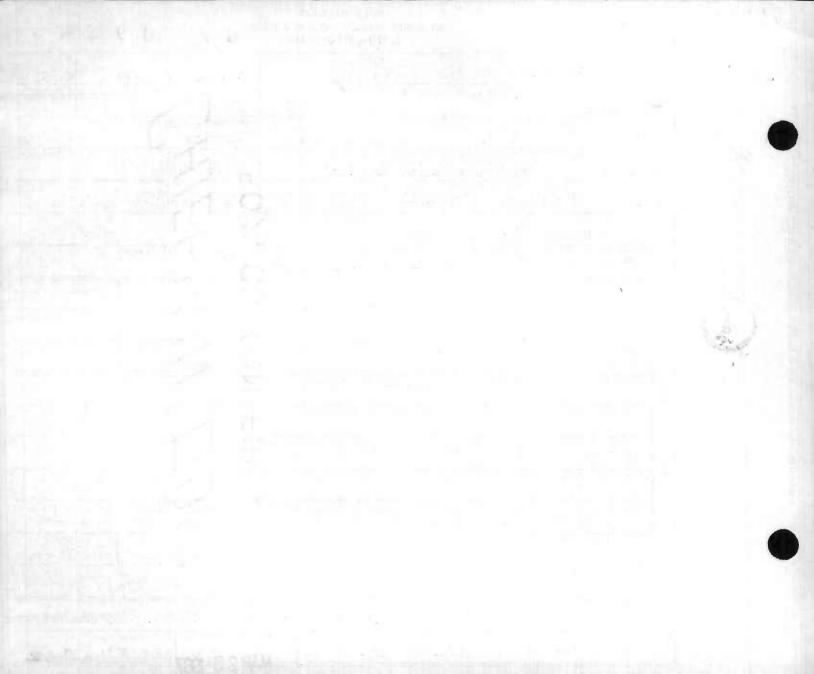
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DATE KNOWN CTYPE OR PRINTI ESTI-Robbins DEATH MATED 19 87 Sr. George DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR 11:38 LAST BIRTHDAY) PRONOUNCED August 1,28 DEAD Male Black 58 YRS 9 BALTIMORE CITY OR COUNTY OF DEATH THE BIRTHPLACE CELATECH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Wicemico County USA WIDOWED [DIVORCED M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE! Peninsula General Hospital Salisbury SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21809 C 1134 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 508 Tangier St, Salisbury, Md. Md. Dorcester Salisbury YES T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robbins Howard Amv Kaiah ADDRESS 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATEST Maxine Bailey 382 Y.Street, Newburgh, N. 216-24-2522 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral hemorrhage associated with purpura Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK TO MEDICAL EXAMINER: IN EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW. TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 77s. I certify that I show charge of the remains described above. Hamicide TITLE (SPECIFY) ACTUAL MD Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRES 23c. NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b. DATE Brooklyn, A.A.C. Md. Burial 4/6/87 Cedar Hill Cemetery 07/84 APR - 8 1987 AR JUNE REGISTER SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Charles A. Rice FSPA 1300 Eutaw Pl. (VR A15 ME (5))

STATE OF MARYLAND

(VRA 15, 4)



018 1	24	THOR T		DEPARTA	AENT OF HI	OF MARYLAND ALTH AND MENTA		NE O	n	9 5	4 5	
	I. DE	REGISTRAR CEASED NAME FIRST		MIDDLE		CATE OF DEATH		REG. NO		DAY YEAR	2h HOUR	
deoth,			Etta Ma			Vage		March 1	9 19		0050 A	
	3. SE	Female	4 RACE Whi	ite	5 DATE O	09 ^{0'AY} 190'9		AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS YRS.			
8:		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED		BALTIMORE CITY OR COUNTY OF DEA			ATH ME	
0	10. C	alisbury	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Ula Genera	IG HOME O	R OTHER INSTITUTION	N 1	20 USUAL OCCUPATE (TYPE OF WORK FOR MOSTO Housewife	F WORKING LIFE	12b. KIND (INDUSTRY	OF BUSINESS OR	
怒	13a .		OR OTHER INSTITUTION JUNTY COMICO	136. CITY OR TOW Salisbur	N	134 INSIDE CITY LIMI	_	3 STREET ADDRESS /	zir code y Way	218	801	
2/	14 F/	ATHER'S NAME Wellington	Lee	Hargis		Clara		Belle		Talley	ST	
medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	218-30-		Same as #		H. Jones	S(Siste	r)		
Con or report		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which	ATE CAUSE (o)	or line for (a), (b), on the cold of the c	-ha	myels	on	<u> </u>		BETWEEN	XMATE INTERVAL ONSET AND DEATH	
iry, ar other tro	7	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	(c)_	OR AS A CONSEQUE		NOT RELATED TO THE	E TERMIN	HAL DISEASE OR CONI	DITION GIV	EN IN PART 1	0	
dui Australo	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	IN CERTIF	, WERE FINDI		
护		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2}		
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		220. certify that (1) (this has sow the eleceosed drive a above, (1) (we) (did)/(did	3	119 19	, , ,		pinion de	oth occurred on the do	ate and hou			
T T		226 AIGNATURE	Jey Sey	w		ATTENDI PHYSICI	ING IAN	MEDICAL STAF	F IAN	- 3/2	SIGNED S	
IMPORTANT		UJ 4 (oc la	7 u		100 V	ه سور	/	Lal	or be u	4. 2. 7	
		BURIAL, CREMATION, REMOVA (SPECHY) Burial		/21/1987	Wicor		rial f	Park Salisb				
16 60M 7/84 A 15, 4)	24 F	UNERAL DIRECTOR Holloway Fune	ral Home	, P.A., Sal	lisbury			REC'D. BY REGISTRAR	-		TURE	

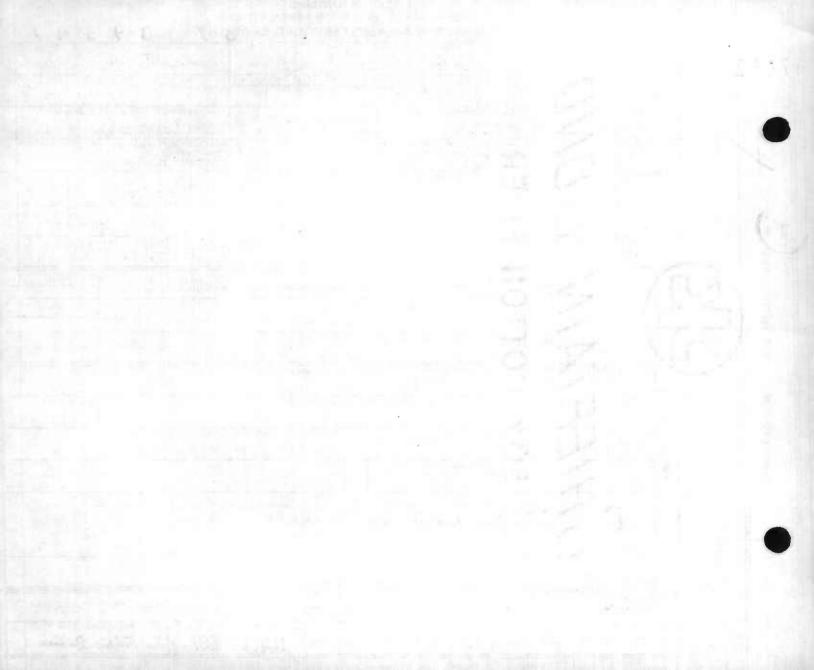


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH 26 HOUR Robert L 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNIDER 24 HRS MONTH Nov. 26, 1921 Male White YRS. To BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Wicomico Maryland WIDOWED DIVORCED | U. S. A. 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Salisbury Peninsula General Hospital Electrical Contractor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 19940 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Bacon Road P. O. Box 105 Sussex Delmar Delaware NOX FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIODLE FIRST LAST Nola Estelle Lytle Paul W. Scarborough 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. Yes WW II 215-12-6660 Elizabeth A. Scarborough (same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 87 sow the deceased alive on_ and that in (my) (cor) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNALUL DEGREE 224 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIANS MAME (TYPE OR PRINT) 27e ADDRESS MPORT CARRULI Shoul with 1 230 BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 3-17-1987 Springhill Cemetery Girdletree Worcester MD. 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Short Funeral Home, Inc. Delmar, DE. 19940 (VRA 15, 4) Diriden Pendage

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20. DATE KNOWN X TYPE OR PRINT OF ESTI-DEATH MATED Mary Louise Scott 3/10/ 19 87 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 23 HOYB PRONOUNCED White 05 1907 79 Female 19 87 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | U.S.A. Wicomico County, Maryland DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS MOST OF WORKING LIFE)
Housewife Fruitland 114 William St. 13. STREET ADDRESS 114 Williams Street Wicomico Fruitland 13d. INSIDE CITY LIMITS? 21826 Maryland 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Davis MIDDLE Goldsborough Ada Parsons Rt #4 Box 186, Salisbury,Md. 21801 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 218-48-5511 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thermal Injuries -IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR ANY MONTH DAY YEAR UNDERLYING TOO CONTRIBUTING CAUSE OF DEATH 2: 10P.M. 3/ 10/ 1987 subject burned when home exploded 21e PLACE OF INJURY (AT HOME. 21E LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 114 William St., Fruitland, Wicomico Co., Md. EXECUTE THE CERTIFICATE, WAS PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALT MORE, MARYLAND, 2120 home X 220 I certify that I took charge of the remains described above, held an and in my opinian death resulted fram: Hamicide L Undetermined manner TITLE (SPECIFY) DATE 3/11/87 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23d BURIAL, CREMATION, REMOVAL 23b DATE SPECIFYBurial 3/14/1987 Salisbury, Wicomico, Maryland Parsons Cemetery 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland Bulia Devideon Pondage (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN IX 2h HOUR (TYPE OR PRINT) OF ESTI-3 1987 1610 Saverio Joseph. Serio & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH SEX 2c. DATE LAST BIRTHDAY PRONOUNCED 1987 1610 28 58 DEAD White Male YRS 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CREIGN COUNTRY) MAR YLAND U.S.A. Wicomico WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Salisbury Peninsula General Hospital ADMINISTRATIVE ASST. MD. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1639 WALTERSWOOD RD. 21239 MAR YLAND BALTIMORE 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST . MAMIE SCALLIO HARR Y SERIO ADDRESS BALTO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 217 24 7823 HELEN SERIO 1639 WALTERSWOOD RD. MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to previous Myocardial Infarction 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21 LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PI
AFTER DEATH, WITH THE ST
BANTIMORE, MARYLAND, T X 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes X death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) De puty_medical examiner 3-21-87 SIGNATURE EXAMINER'S NAME Salisbury, Maryland T. Bulkeley, M.D. John 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURTAL HOLY REDEEMER CEMETERY 3/25/1987 BALTIMORE CITY MARYLAND 07/84 25M 24 FUNERAL DIRECTOR 25h REGISTRAR'S SIGNATURE FUNERAL HOME 7110 BELAIR RD. BALTO, MD. DHMH - 17 (VR A15 ME (5))

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PLACE (STATE ON COUNTRY) TEL, D OR TOWN OF D A LISBURY ESIDENCE (# IN IN LAND ER'S NAME ERST TMAN DECEASED EVE O. OR UNKNOWN) NO	Black PE EATH NURSING HOMEO 136 COUNT Wicol ER IN U.S. ARA (IF YES, GIVE V.	5. DATE OF BIR MONTH D. D. D. D. CITIZEN OF LIFE NOT IN SUC. Penin: ROTHER INSTITUTION TO THE CO. MIDGLE	TH. TH. YEAR 443 WHAT COUNTRY? S.A. WHAT COUNTRY? S.A. WHAT COUNTRY? TYAS LAST Sheltor	GE (IN YEARS IF MAN YEARS) IF MAN YEARS IF MAN WID GHOMESS) TRAIL HOSE EADMISSION) OWN	ARRIED NEVER A NOWED DIN OTHER INSTITUTION Spital (DC 13d INSIDE (ITY LIM YES NC 15. MOTHER'S A FIRST Madel	NDER 24 HRS. 26 NARRIED XX NORCED 1720 USUA EOR MO: PO 1752 13e STREE: TES: AAIDEN NAME	DATE KNOWN OF ESTI- DEATH MATED DATE ONOUNCED DEAD BALTIMORE CITY WICOMIC COCCUPATION (NO STORM OF THE CONOUNCED OF THE CON	3-6- OR COUNTY O CO COUNTY OPE OF WORK 1726 OR COUNTY OF WORK 1726 OF WORK 1726	1987 19 87 7 Å5 19 87 7 Å5 19 87 NASINESS OR INDUSTRY POULTRY	
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0 TOT T	gave rise to cause (a) statilying cause la lying cause la RT 2 OTNER SIGNIFIC CO. DATE OF OPE CO. DATE OF	Iying cause last. RT 2 OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTIONS OF CAUSE WAS SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DESTRIBUTING CAUSE OF DESTRIBUTING AUGUST OF CONTRIBUTING AT WORK 220. I certify that I took charge leath resulted from: Natural Charles AMINER'S NAME PE OR PRINT) ALL, CREMATION, REMOVAL 23 BURIAL REAL DIRECTOR	Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause last: (c) RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE CONTRIBUTION TO DE CONTRIBUTING TO DE CONTRIBUTIN	Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause last: The conditions of the under lying cause last: Conditions of the under lying of the last of the last of the last of the under last of the las	gave rise to immediate couse (a) stating the under-lying cause last. RT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DI CONDITION FOR WHICH OPERATION B. EXTERNAL CAUSE WAS SUDERLYING OR PORTRIBUTING OF CAUSE OF DEATH OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 I INJURY OCCURRED STREET, FACTORY, FARM, ETC.) I INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 220. I certify that I took charge af the remains described above, held an Author of Company of Condition for WHICH OPERATION (AT HOME. 21) 220. I certify that I took charge af the remains described above, held an Author of Company of Condition for WHICH OPERATION (AT HOME. 21) 220. I certify that I took charge af the remains described above, held an Author of Company of Condition for Which Operation (ACCIDENT OF COMPANY	Conditions, if ony, which gave rise to immediate cause (a) stating the under lying cause lost: (b) DUE TO, OR AS A CONSEQUENCE OF LYING CONSTITUTION GIVEN TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN (c) (c) DIT 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN (c) DEATH DUR A.M. MONTH DAY YEAR P.M. MONTH DAY YEAR P.M. MONTH DAY YEAR P.M. 19 21b. TIME OF INJURY (AT HOME. STREET FACTORY, FARM., ETC.) 21c. Location Street Factory, FARM., ETC.) 21d. Loca	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF [c] RT 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). DUE TO, OR AS A CONSEQUENCE OF [c] RT 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). DATE OF OPERATION [198, CONDITION FOR WHICH OPERATION WAS PERFORMED?] DEET REVIEW AND	Conditions, if any, which gave rise to immediate cause (a) stating the under lying cause lost. (c) RT 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). (c) RT 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). (c) RT 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). (c) (c) (c) (d) (c) (d) (e) RT 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a). (d) (e) (e) (c) (c) (d) (d) (d) (e) (e) (e) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (c) (c) (c) (c	Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) RT 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) B. EXTERNAL CAUSE WAS DERIVING OR DRIVING TO OR AM. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 I INJURY OCCURRED HILE NOT WHILE STREET, FACTORY, TARM, ETC.) I PLACE OF INJURY (AT HOME. STREET, FACTORY, TARM, ETC.) 220. I certify that I look charge of the remains described above, held an Autopsy (A) Inspection I Industry Indus	

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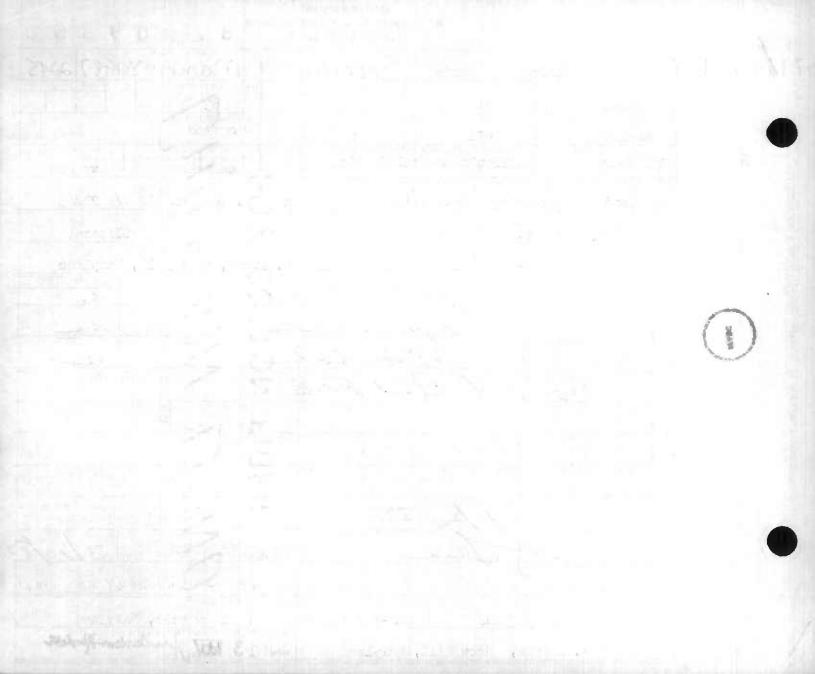
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME (TYPE OR PRINT) Louise Marie 4 RACE 3 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White Female BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Maryland IISA WIDOWED DIVORCED I CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Salisbury Peninsula "Ceneral" Hospital Homemaker Own Home USUAL RESIDENCE LIF NURSING I ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Rt. 2 - Box 102 21863 Worcester Snow Hill NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Bailev Oliphant E. Laura Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (YES, NO OR UNKNOWN) No 212 74 1412 Rosalie S. Evans, Snow Hill, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT DELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 706 IF YES, WERE FINDINGS USED 76s AUTOPSYY IN CERTIFYING CAUSES OF DEATHS NO I" 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TO PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21ª PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 22g-1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did nat) view the bady 37h SIGNATUR DEGREE Th DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be a with the St 276 PHYSICIANS MAME ITTELS 22e ADDRESS IMPORT. QUINCY & LOCUST SALISBURY mD 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Burial Bates Methodist Snow Hill, Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Norman F. Dennis, Snow Hill, Maryland (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS Dale D. 4 RACE 3. SEX White Male 09 1913 To BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pacific Junction, Idwa U.S.A. Wicomico WIDOWEDX 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Retired Peninsula General Hospital Salisbury Cambridge 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 431 Race Street 21613 Maryland Dorchester 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Franklin Shuffler Ballard Virginia TOOKS Glenn Rd., RD#1 Box 218, Spring City, Pa. 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 214-07-7660 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DE ATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CHED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from saw the deceased olive an abave, (1) (we) (did) (slid not) view the bady after death and that in (my) (aur) apinian death accurred on the date and have and from the causes stated DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) PGHMC- Salisbury, Maryland DAUID WALKER 234 NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL Cremation Salisbury, Wicomico, Maryland Salisbury Crematory 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Holloway Funeral Home, P.A., Salisbury, Maryland (VRA 15, 4)



				STATE OF MARYLAN	ID			
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23c NAME OF CEMETERY OR CREMATORY

Cottage Grove Cem.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

JOLLEY MEMORIAL CHAPEL Salisbury, Md. 21801

3/17/87

73b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

CRAIG J. SCHACKER

Rt. #2, Jersey Road
Salisbury, Md. 21801

CITY OR TOWN

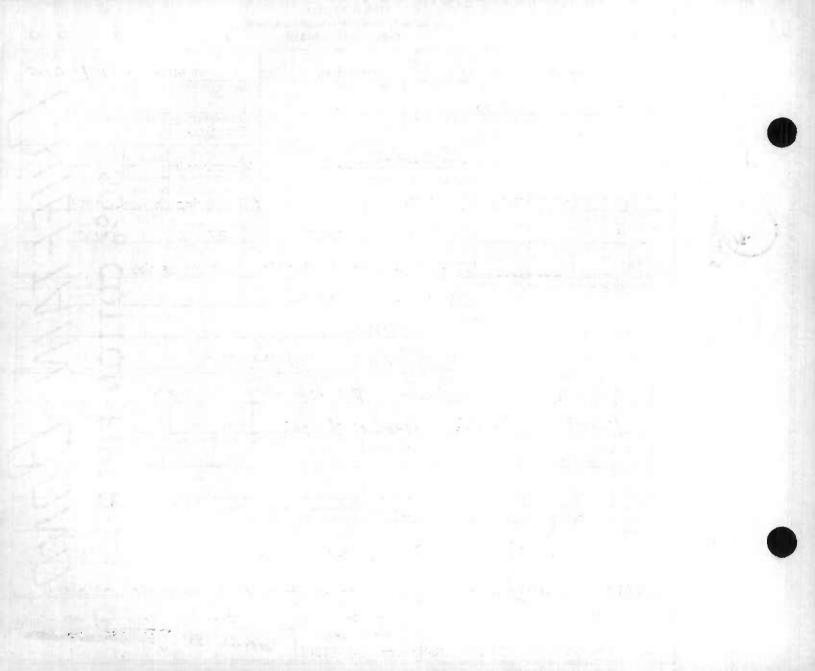
Westover

ma 21801

Somerset Maryland

540 RIVERS DE DRIVE SALISBURY

23d LOCATION



STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

3/28/1987

EARL M. BEARDSLEY, M.D.

230 BURIAL, CREMATION, REMOVAL 23b. DATE

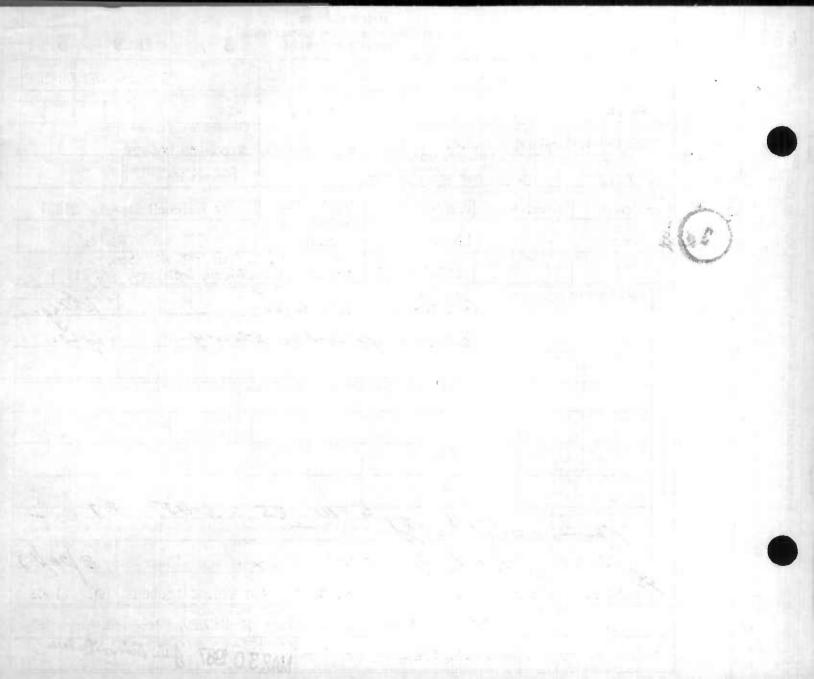
Burial

(SPECIFY)

Shad Point Cemetery Salisbury, Wicomico, Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATULE 4

RT. 50 & CIVIC AVE, SALISBURY, MD.

STATE



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BALTIMORE	
V. PRESTON ST.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	

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FOR STATE REGISTRAR

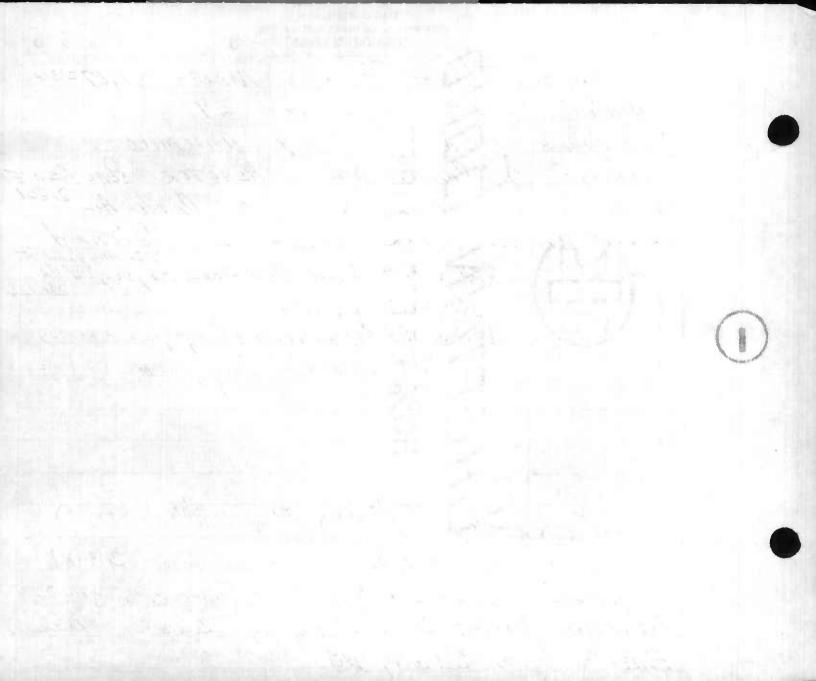
1 DECEASED NAME

STATE OF MARYLAND

20. DATE OF DEATH MONTH DAY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

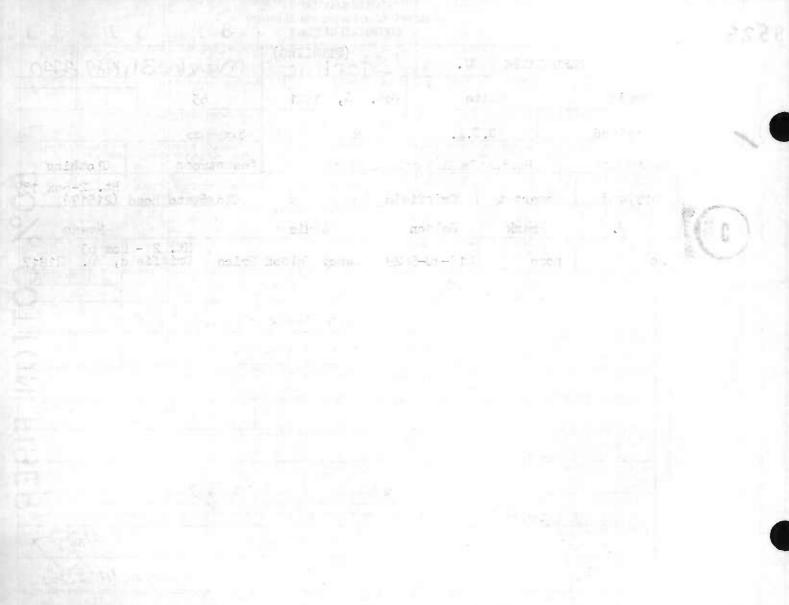
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME ALIDDI F LAST 2a DATE OF DEATH MONTH DAY YEAR 2h HOUR TEYPE OF PRINTE Hattie Sterling 03 - 23 - 877:30 DM 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR MONTHS DAYS HOURS Female White 29 05 Ja BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U. S. A. - MD. U. S. A. WIDOWED DIVORCED [Wicomico IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Salisbury Wicomico Nursing Home Seamtress MOTORY USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STATE 1136 COUNTY 113c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Wicomico Salisbury 306 Brookview Drive YES KT NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST ANDDIE LAST FIRST George Johnson Carrie Hall ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 215-05-8888 306 Brookview Dr. Salisbury, MD Vicki Tawes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE Canditions, if any, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f LOCATION 21a PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | STATE NOT WHILE AT WORK AT WORK MANY 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive an AAAAA 19. obove, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinian death occurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE 221 DATE SIGNED PHYSICIAN DIRECTOR FUNERAL I STAFF ORTANT: DIRECTOR PHYSICIAN 774. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23d. LOCATION 73b DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY U 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADORESS DHMH-16 25M (VRA 15, 4) 1/79

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(VRA 15, 4)

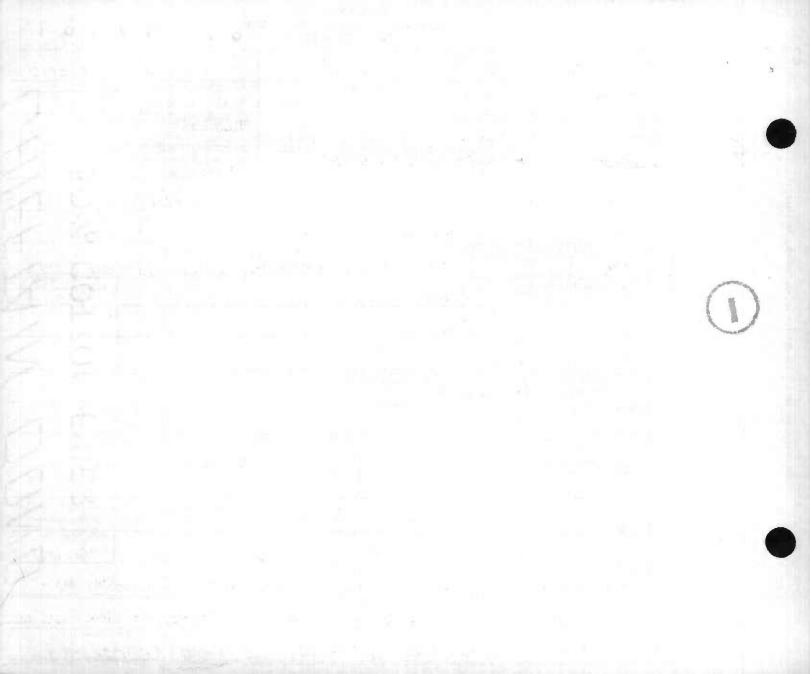
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 9 3 0 0
e w E		CEASED NAME FIRST	MIDDLE	ACTONI SOMAO	20. DATE OF DEATH MONTH	05 81 26 HOUR
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Ē	1.25	MALE	WHITE	MONTH DAY YEAR 7	79 YRS	MONTHS DAYS HOURS MIN.
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10 to				WIDOWED DIVORCED	Union,	, OO1, MD.
1 11 70		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS OR
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	AL.F	ATHER'S NAME		15. MOTHER'S MAIDEN NA		
1 000/	-	Roscoe	Straus	ourg Nettie	M .	Cartridge
1 57 8		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU			ury Lane
Pop P		YES, NO OR UNKNOWN) (IF YES, GIV	214-07-3	752 John C. Str	ausburg Manassa	ury Lane
4 00 4	F	I CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), one		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OH OF STATE		JOSEPH H.	CAMSSO	145 E. Con	my 24 July	lms mm
5 5 2 2 1 5	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH - 16 60M 7/84		UNERAL DIRECTOR) - ADDRESS	521 SUDLEYED IS PA	EREC'D BY REGISTRAR 756 REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	K	oneld 2/		NASSAS, VA.	1 1 0 1961 April 1	Devidery Randallo

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DHMH - 16 60M 7/B4 (VRA 15, 4)		way F	uneral	Home,	P.A., \$6	alisbury	Maryle	. 1	TE REC'D. BY	REGISTRAR	25b. REGISTI	RAR'S SIGNA	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH Alicia Thomas DEATH MATED 4. RACE SEX 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE 8:42 A M 1954 PRONOUNCED Female White DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY)
Georgia MARRIED X NEVER MARRIED Wicomico County WIDOWED | DIVORCED 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Salisbury Peninsula General Hospital Nurse Nursing Wicomico Parsonsburg 13d INSIDE CITY LIMITS2 130 STREET ADDRESS RT.1 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alicia Causev Porter Larry ADDRESS arsonsburg MD. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Kenneth Thomas RT.1Box155 Argyle Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICATO PAGE 3 SHOULD BE USED SA BY AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH ABAUTIMORE, MARYAND, 21201 PRIOR TO BURIAL, CREMA 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING KOR Driver in auto/auto collision CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK Ft. 413 road Wicomico MD Marion Autopsy X 220. I certify that brook charge of the remains described above, held an Inspection death resulted frame Natural causes Hamicide ___ Undetermined manner ACTUAL Assistant MEDICAL EXAMINER 3 - 17 - 87SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Perm St., Baltimore, MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 3-19-87 STATE GlenHavenMemorialGardens 07/84 Macon, Bibb. 25M 24 FUNERAL DIRECTOR **DHMH - 17** HollowayFuneral Home, P.A. Salisbury, Md. (VR A15 ME (5))



STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCHENE

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.		
F 13		CEASED NAME FIRST	MIDDLE			20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	and the	3 MARIE		Ino	NAS		3 22	. 87	3:22Am
3	SEX	(I. RACE	5. DATE O		6 AGE LIN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
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6 70	a. BIF	RTHPLACE (STATE OR FOREIGN 7	& CITIZEN OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	6	EURCUA	W.5A	WIDOW		Wi	COMI	(0)	Md. MD.
4"	D. C.F	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	IRSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND OF	BUSINESS OR
4	5	Alchury	400 a Tein	ifu I) wive	Domest		II 40 OSTRT	
4	ISUA 34,5	L RESIDENCE IN THIS HOME OR C	THER INSTITUTION GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	100	541:5.
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1 14	L.FA	THER'S NAME	IDDLE IAST		IS MOTHER'S MAIDEN NAM	E MIDDLE	/	> LAST	•
41	33	Tommy	Knighte	20	CALL:6			•	
16		VAS DECEASED EVEN IN U.S. ARM	NED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRE	55	,	Suls.
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		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c).)				BETWEEN	NATE INTERVAL NSET AND DEATH
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		DOMEST DESCRIPTION	DUE TO, OR AS A CONSE	EQUENCE OF					
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		couse (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF				1994	
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		underlying couse lost.	(c)						
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9	FICATION		ONDITIONS CONTRIBUTING			NAL DISEASE OR CONL	206 IF YES, W	ERE FINDIN	GS USED
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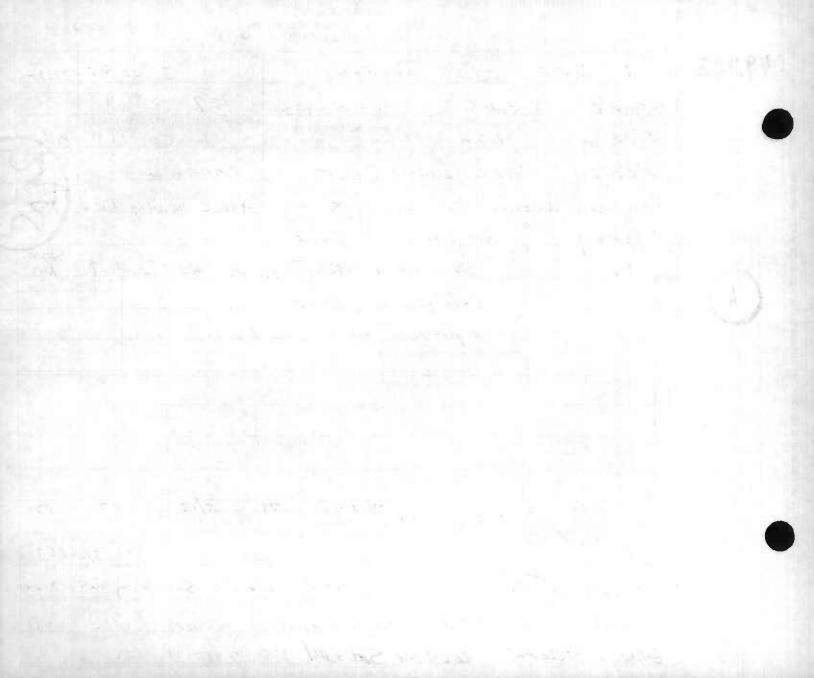
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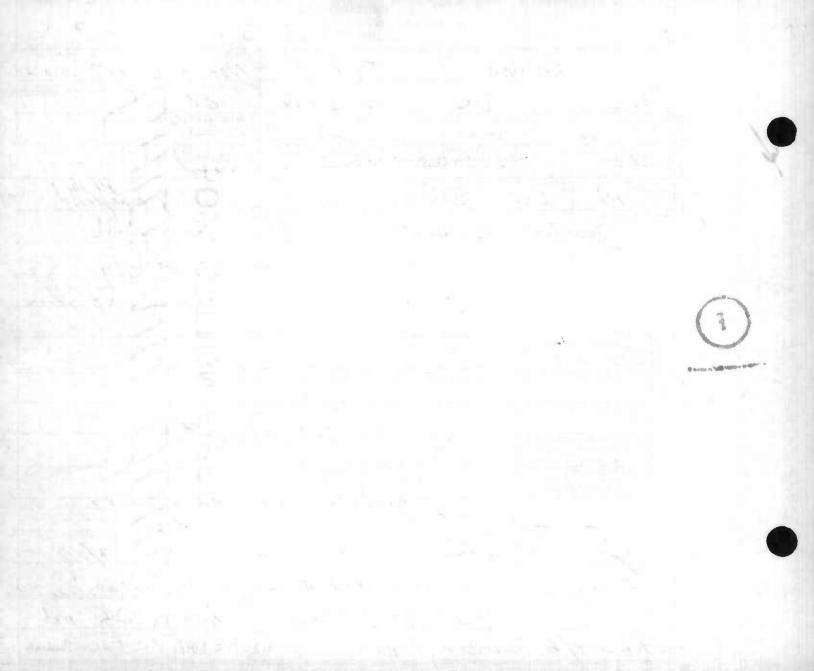
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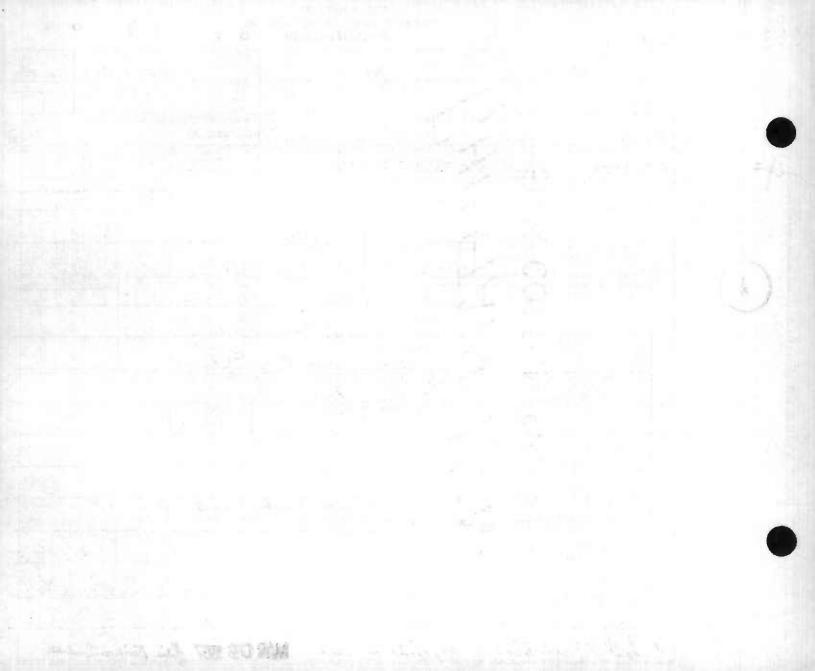
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	1			STATE OF MARYLAND			
3 1 3 MAR -9	7-	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE REG. NO	0 9 5 6	5
m c		CEASED NAME	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
oy be		To:	SAIRB	14//	March	21987	4:20 AM
pr. po	3. SE	×	4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRT	MONIHS DAYS	HOURS MIN.
oge oge		temale	DIC	Aug 6 1918	68	YRS.	
nerol d		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF WICOMICO	COUNTY OF DEATH	MD.*
s ofter d		TY OR TOWN OF DEATH	PENTINSULA CENE	ng home or other institution	120. USUAL OCCUPATE (TYPE OF FORK FOR MOST OF	ON 126. KIND (WORKING LIFE) INDUSTRY	OF BUSINESS OR
24 hour		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		NN 130. INSIDE CITY CIMITS?	13e.SIREET ADDRESS /	ZIP CODE Pt	9/2/2/8/
d within	14 F/	THER'S NAME FIRST	MIDDLE CROSSUR	15. MOTHER'S MAIDEN NA	ME	GOSWELL"	
n and cor			RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 2/9 -62	URITY NO. 17 INFORMANT 4	7 C ADDRE		
by the death centrics by the death centrics for the control of the		PART I. DEATH WAS CAUSI	nly one cause per line for (a), (b), o ED BY TE CAUSE (o) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	state Great	Cance	8	SMATE INTERVAL LONSET AND DEATH
There plants	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR COND	DITION GIVEN IN PART 1	10.
he low r on. hos bee i permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE YES	
ICIAN: T g physici ertificate iol-tronsi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2}	
offendin offer this of street the burner of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TTENDIP pitol or TTOR Afor use of Healt		220 1 certify that (1) (this hosp	of the view the body after death.	37 , and that in (my) (aur) opinion			, that (1) (we) lost e causes stated
AL OR A the hos AL DIRECTORED DIE DEPT. If hem		226. SIGNATURE	Marti	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		signed
TO HOSPITAL retoined by the TO FUNERAL should be det with the State		James E		.O. 145 E. C.			ra mo
5 = 5 € 3 ₹	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCAHON		
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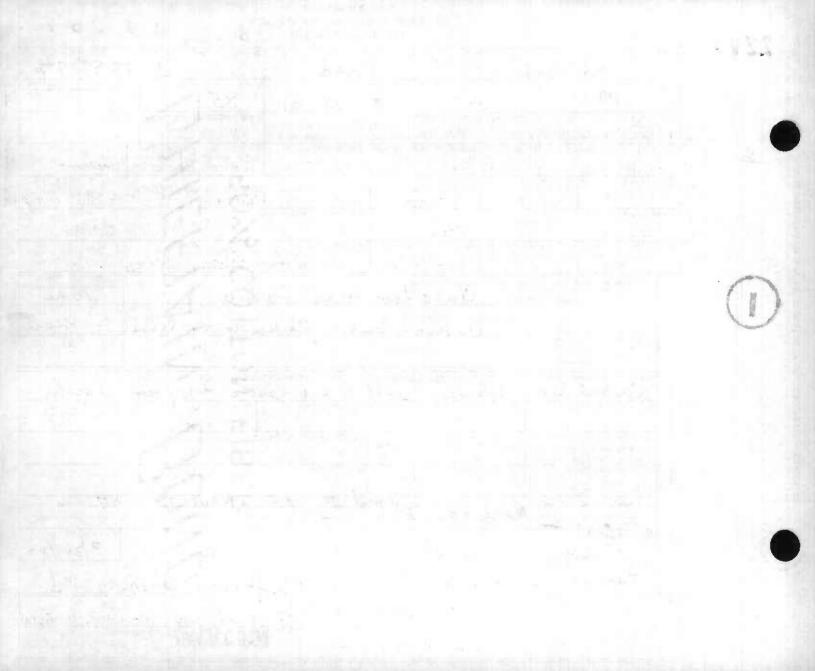


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J & D MIZ 6 MAR	21	REGISTRAR						REG.	REG, NO.				
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
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4 spr	male					Feb.	25, 1924 YEAR	63	YRS	MONTHS DATS	HOURS MIN.		
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1 1 20		ryland		USA		WIDOWE	D NEVER MARRIED &	Wicomico					
" 1500	10 C	TY OR TOWN OF DEAT	н	I NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			F BUSINESS OR		
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五 有 特 第		THER'S NAME				0	15 MOTHER'S MAIDEN						
A 1 11 ///	5	William	Lee	Vi	ckers		Della	WIDDLE		Quiller	h		
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9 23		ES, NO OR UNKNOWN)	WW2	WAR OR DATES)	221-12-6	166	Charles W	Vickers 132	Laure	Rd M			
5 (A A V	у.						CHALLES W.	VICACIS 152	Daure		MATE INTERVAL ONSET AND DEATH		
ALAMA		PART I. DEATH WAS CAUSED BY:									INSET AND DEATH		
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N 2 525 2		cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQUE	ACE OF	Po. 0	Fr. C.					
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4 34 95 B	0 1	OR CONTRIBUTING CA	USE OF DE AT		M. MONTH DA			SHIED TENIER NATURE OF IT	OURT DATIEM TO P	ARTIORFART2)			
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E de Constante		saw the deceased above, (I) (we) (die	d) (did not)	view the body	after death.		nd that in (my) (aur) apine	on death accurred on the	date and hou	and from the	tauses stated		
A		27b. SIGNATURE	0	8) //		DEGREE ATTENDING	MEDICAL SI	AFF	22t DATE	SIGNED		
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annon		URIAL, CREMATION, R	MOVAL	23b. DATE	23€ ٢	NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION		COUNTY	STATE		
999BP7		Burial	ALS.	3/7/87	New	Hope	Cemetery	Willards	. Wors		Md.		
DHMH 16 60M 7/84	24 FU	INERAL DIRECTOR	11-	1	ADDRESS	1	25a D			RAR'S SIGNATI	URE		
(VRA-15, 4)	1	echand !	Vai	eon	Melle	boro	, Del.	聚 09 歲7	Julia Da	ndern-Ran	dalle		



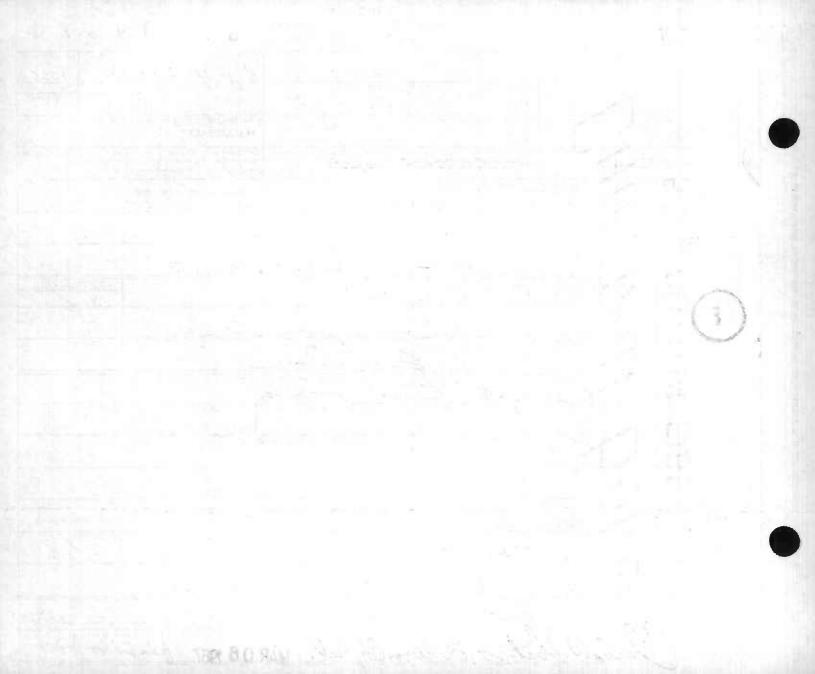
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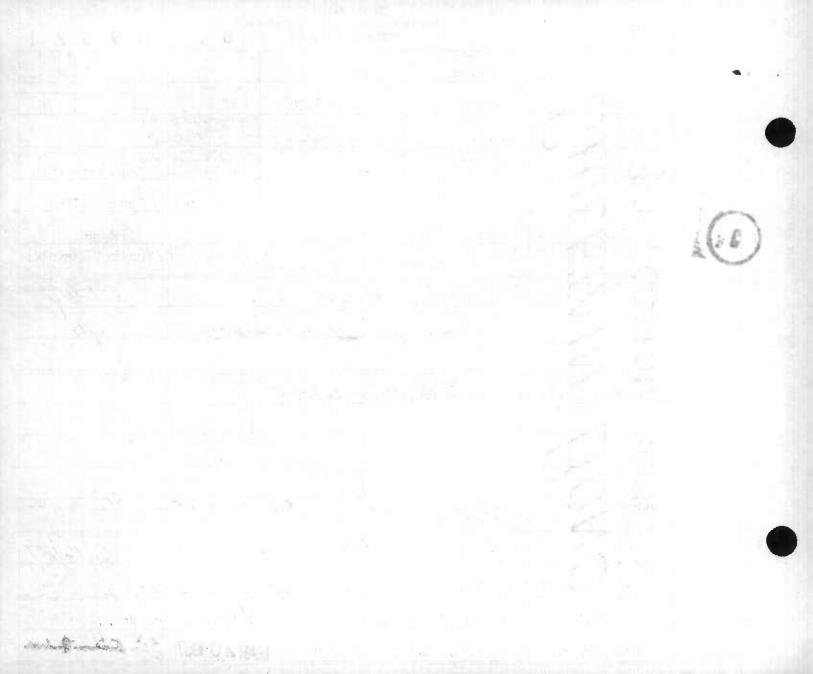


	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
MAR -9	CERTIFICATE OF DEATH CERTIFICATE OF DEATH											
- 49		EASED NAME FIRST		MIDDLE	ì	AST .	20. DATE OF DEATH	MONIH DAY	YEAR 26 HOUR			
		Peter				ALEY	MARCH	1,198	1055 N			
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UP	NDER I YEAR IF UNDER 24 HRS			
	1	Male	White		April		77	YRS				
25 6	C	ETHPLACE (STATE OR FOREIGN OUNTRY) yland	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	Wicomico	COUNTY OF	DEATH			
20		lisbury		HOSPITAL, NURSIN		or other institution spital	120 USUAL OCCUPATION OF WORK FOR MOST OF FUNERAL Dir	WORKING LIFE) - I	26 KIND OF BUSINESS OR NDUSTRY			
70	_	LRESIDENCE HE NURSING HOME OF TATE 136. COL		13t. CITY OR TOW Selbyvi		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / South Main		99999			
BY !	IJ FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	WE		LACT			
RC.	7		Peter	Whaley	у	Josephi	ne		Dale			
0	16a V	AS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE					
87	- 11	No Peter Whaley, Murray, KY										
1	-	II. CAUSE OF DEATH (Enter of	inly one course pe	er line for ips, (b), on	dikii				APPROXIMATE INTERVAL BETWEEN ONGET AND DEATH			
	01	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Control of the co										
1	ũ,	DUE TO, OR AS A CONSEQUENCE OF										
1		Conditions, if any, which (b) Cond Mycon Conference of										
1	30	gave rise to immediate cause (iii), stating the DUETO, OR AS A CONSEQUENCE OF										
5	21	underlying cause list. 10 Offer Jeben										
1/4	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART No.										
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9	10.75	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY LM. MONTH D	AY YEAR	žir HOW INJURY OCCUR	CED (ENTER NATURE OF PUBL	T PLICENCES, PART	OR FART 2)			
1	MEDICAL	THE INJURY OCCURRED		OF INJURY	Anna Presi	7H LOCATION	City Oil for	N/N	county, state			
	2	AT WEEK . HOT WHILE .										
O U		22s.1 certify that (II (this haspital) attended the deceased from										
T Safe		sow, the decessed alive an										
E4.		phove III (we) (dief) (dief)	22h SIGNAJORE DEGREE 27L DATE SIGNED									
			1 1			DEGREE			THE DATE SIGNED			
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Holloway Funeral Home, P.A., Salisbury, Maryland

(VRA 15, 4)



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STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

Springhill

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

23b. DATE

Gulia Devidern- Kandala

Memory Gardens Hebron, Wicomico, Maryland

26 HOUR

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Hollo	way Funer	al Home	P.A. ADDRES	lisbury	, Maryla	nd MA	pna	1987	Julia	Sandy	n. Ra	adath	
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